

Name
in
Full

Florence I Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		July	19	Age	28	4	
Sex		Color or Race		Birth-place			
Female		colored		M. D.			
Occupation		Where Residing If not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Married		Wm Adams					
Father's Name		Father's Birthplace					
Thomas R. Mahoney		Md					
Mother's Maiden Name		Mother's Birthplace					
Martha E. Queen		Md					
Name of person giving information		How related to deceased					
G. H. Hooper		Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Choriya	How long	A few weeks
Immediate	Chronic Bronchitis	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		V. L. Perry	
		Address	
		Hyattsville	
		Prince George's Co	
Accident or Suicide?			

George Hooper

Name in Full

Certificate of Death

Forrest Addis Jr.

Died at ^{Town} Rose Cross - ^{County} Prince Geo Co.

MARYLAND

Date 1905- July 29 | Age 4.25 | Native of Md | Occupation Child

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband
of
Wife

Father's
Name Lorenzo D Addis

Mother's
Name Nida W. Addis

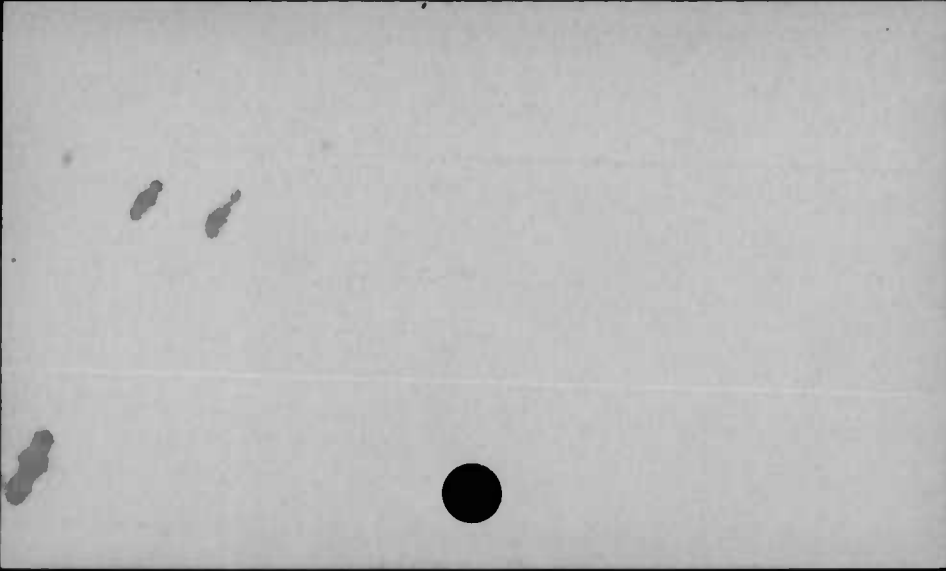
Cause of { Primary Cholera Infantum } How long sick 3 days.

Death { Immediate Asthenia } Accident, Suicide, Homicide

Reported by Jos M. Parker M.D.

Address Congress Heights D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Leeland

^{County} P. G.

MARYLAND

Date of death 1905

Month 7

Day 17

Age — Years

Months 4

Days —

Sex Female

Color or Race Black

Birth-place P. G. Co.

Occupation —

Where Residing if not at place of death —

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name

James Allen

Father's Birthplace

P. G. Co

Mother's Maiden Name

Annie Cooke

Mother's Birthplace

P. G. Co

Name of person giving information

Alfred Watson

How related to deceased

No Relation

CAUSES OF DEATH

Primary

Don't know

How long

19

Immediate

How long

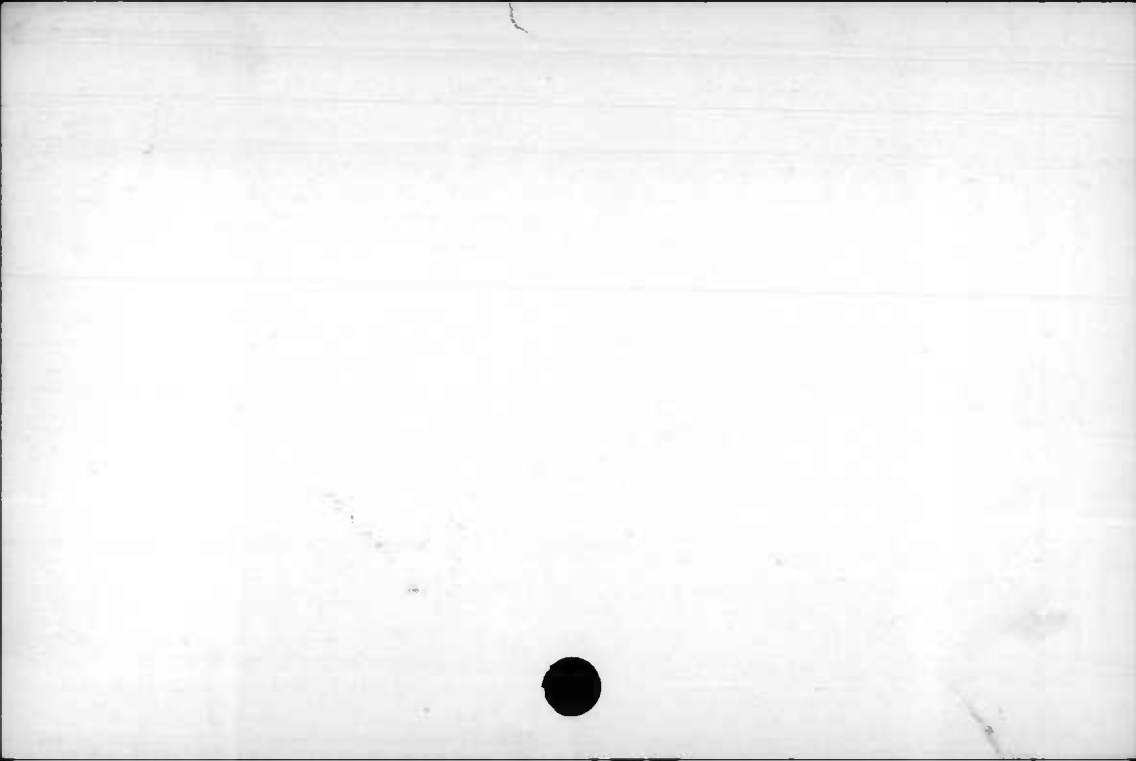
name, age, sex, color, date
correctly given above?

Signature of Physician

Address

Alfred Watson
Leeland, Md

Accident or Suicide?



Name
in
Full

Gladys Irene Allen

CERTIFICATE OF DEATH

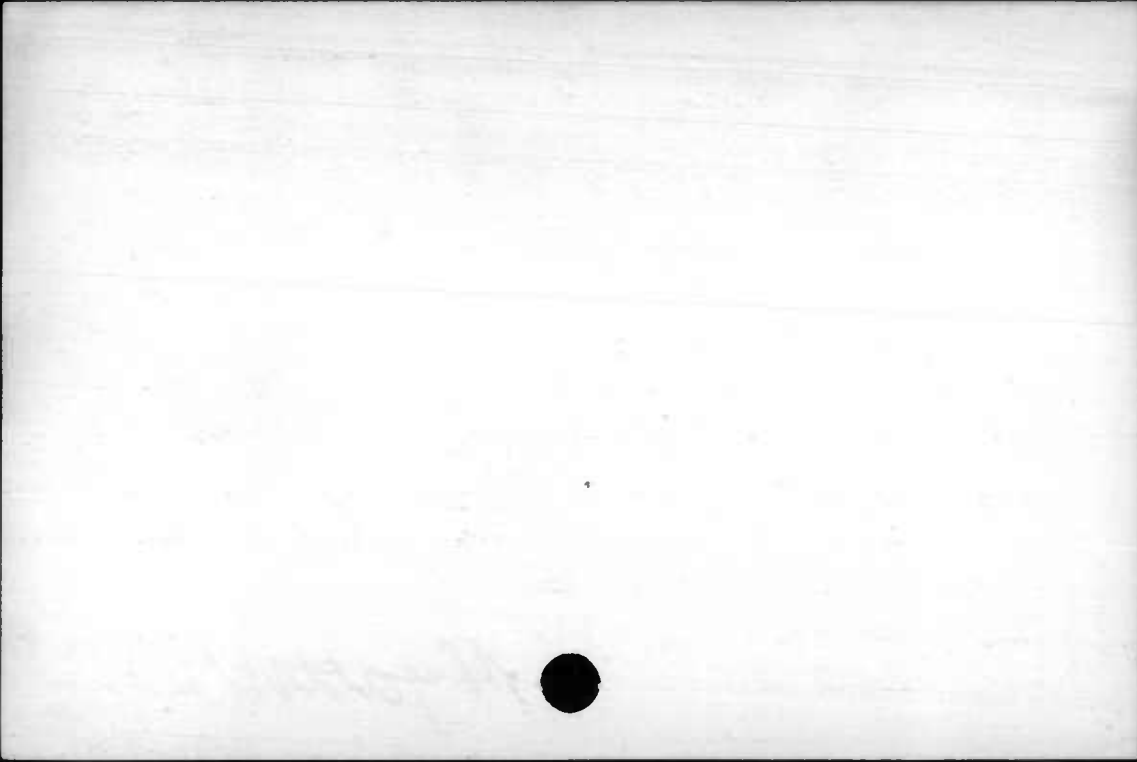
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oak Grove</u> <small>Town</small>		<u>P. G.</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>7</u> <small>Month</small>	<u>17</u> <small>Day</small>	<u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>15</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>P. G. Co</u>			
Occupation <u>—</u>			Where Residing If not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles Allen</u>		Father's Birthplace <u>P. G. Co</u>			
Mother's Maiden Name <u>Mary Jackson</u>		Mother's Birthplace <u>P. G. Co</u>			
Name of person giving information <u>Charles Allen</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Don't know</u>	How long	<u>—</u>
Immediate	<u>..</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Charles H. Allen, Father</u>	
		Address <u>Leeland, Md.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Viola Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hyattsville Town Prince George's County

MARYLAND

Date of death 1905 July 13 Age 4 Months 5 Days

Sex Female Color or Race White Birth-place Hyattsville

Occupation Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Albert Anderson

Father's Birthplace P. G. Co.

Mother's Maiden Name Mary Moffat

Mother's Birthplace P. G. Co.

Name of person giving information R. F. Anderson

How related to deceased Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diabetes 106 weeks

Immediate asthma

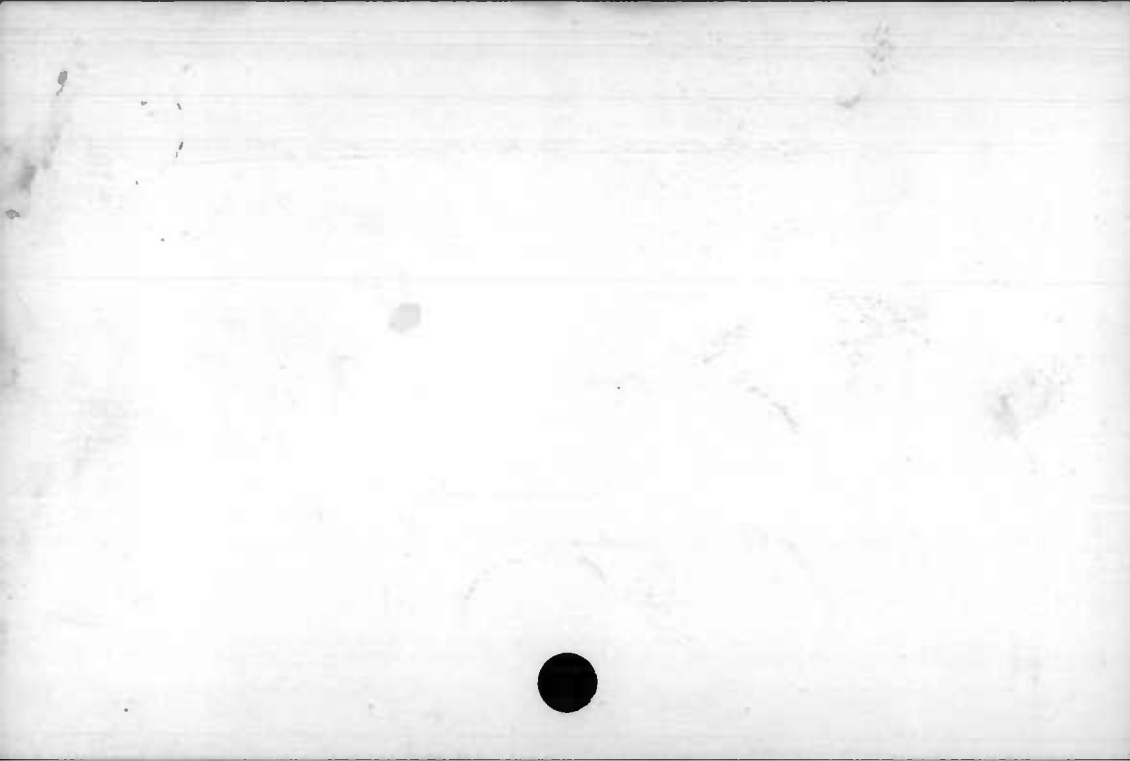
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

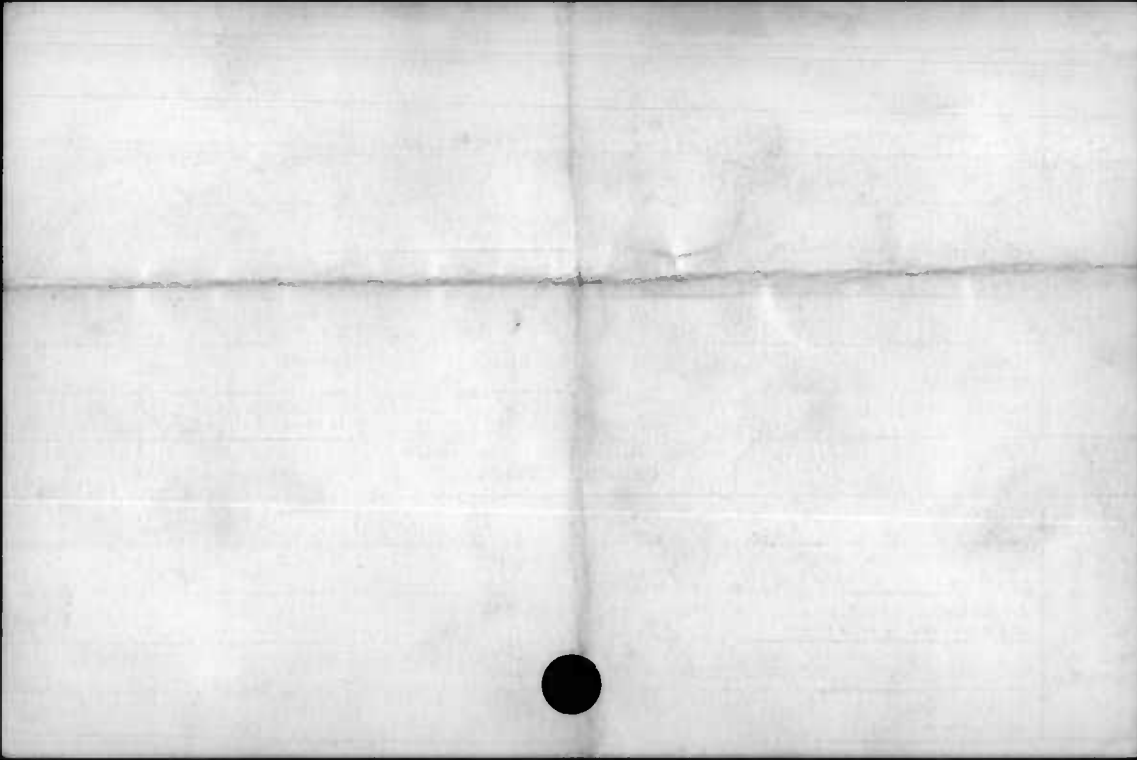
Address

G. A. Richardson
Hyattsville, Md.

Accident or Suicide?



Name in Full Hettie Ashen		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Hospital Heights <small>Town</small>	P. George <small>County</small>	MARYLAND
	Date of death 1905 <small>Month</small> July <small>Day</small> 7	Age <small>Years</small> 7 <small>Months</small> 7 <small>Days</small> —	
	Sex Female	Color or Race White	Birth-place D. C.
	Occupation Infant	Where Residing if not at place of death —	
	Married, Single or Widowed Infant	Name of Wife or Husband —	
	Father's Name Robert H. Ashen	Father's Birthplace D. C.	
	Mother's Maiden Name Lottie Parsons	Mother's Birthplace D. C.	
Name of person giving Information Robert H. Ashen	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Cholera Infantum 05	How long 4 days	
	Immediate Exhaustion	How long 12 hours	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician L. S. Savage	
		Address Benning, D. C.	
	Accident or Suicide?		



Name
in
Full

Celestine J. Baldwin

CERTIFICATE OF DEATH

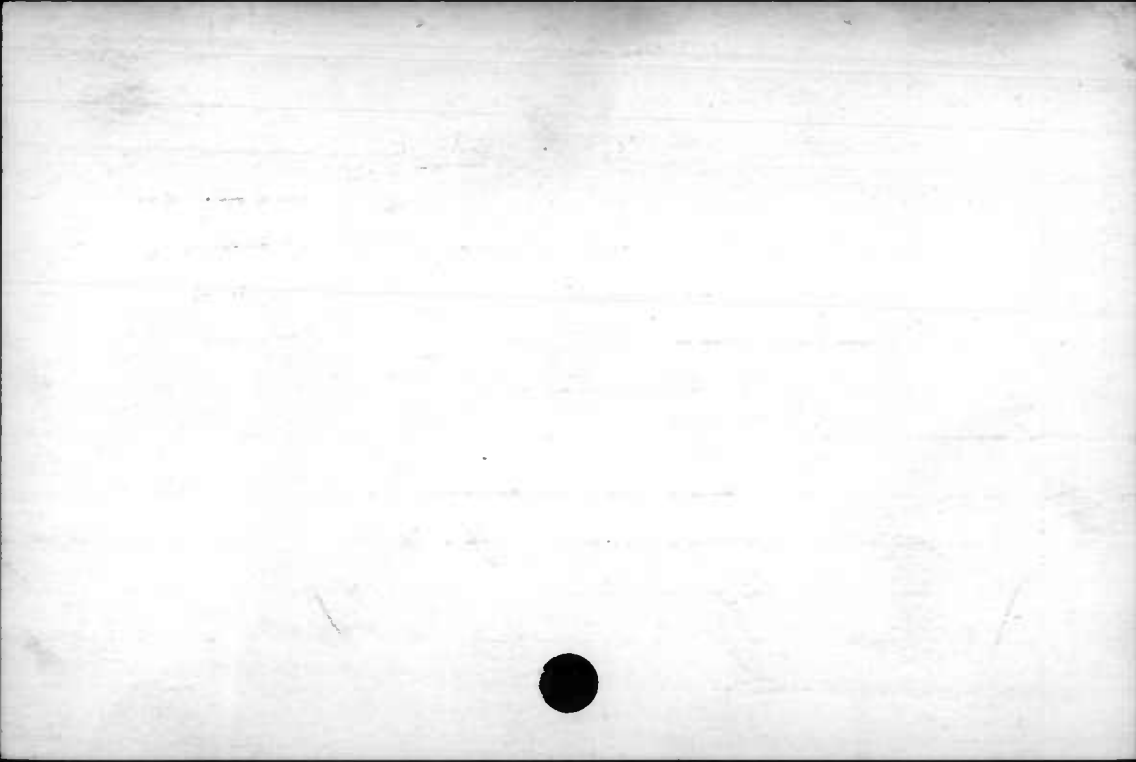
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i> <small>Town</small>			<i>Prince Georges</i> <small>County</small>			MARYLAND	
Date of death	1905	Month	July	Day	7	Age	55
Sex		Female		Color or Race		White	
Birth-place		Boston					
Occupation				House Wfr			
Where Residing if not at place of death				Laurel			
Married, Single or Widowed		yrs					
Name of Wife or Husband		H. J. Baldwin					
Father's Name		August Gallegz				Father's Birthplace	
Mother's Maiden Name		Susan Mason				France	
Name of person giving information		H. Baldwin				Mother's Birthplace	
						England	
						How related to deceased	
						Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Corobral Congestion	How long	3 days.
Immediate	Paralysis	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		J. R. Hunt & S. A. T.	
		Address	
		Laurel	
		2nd	
Accident or Suicide?			



Name
in
Full

Sarah E. Beal

CERTIFICATE OF DEATH

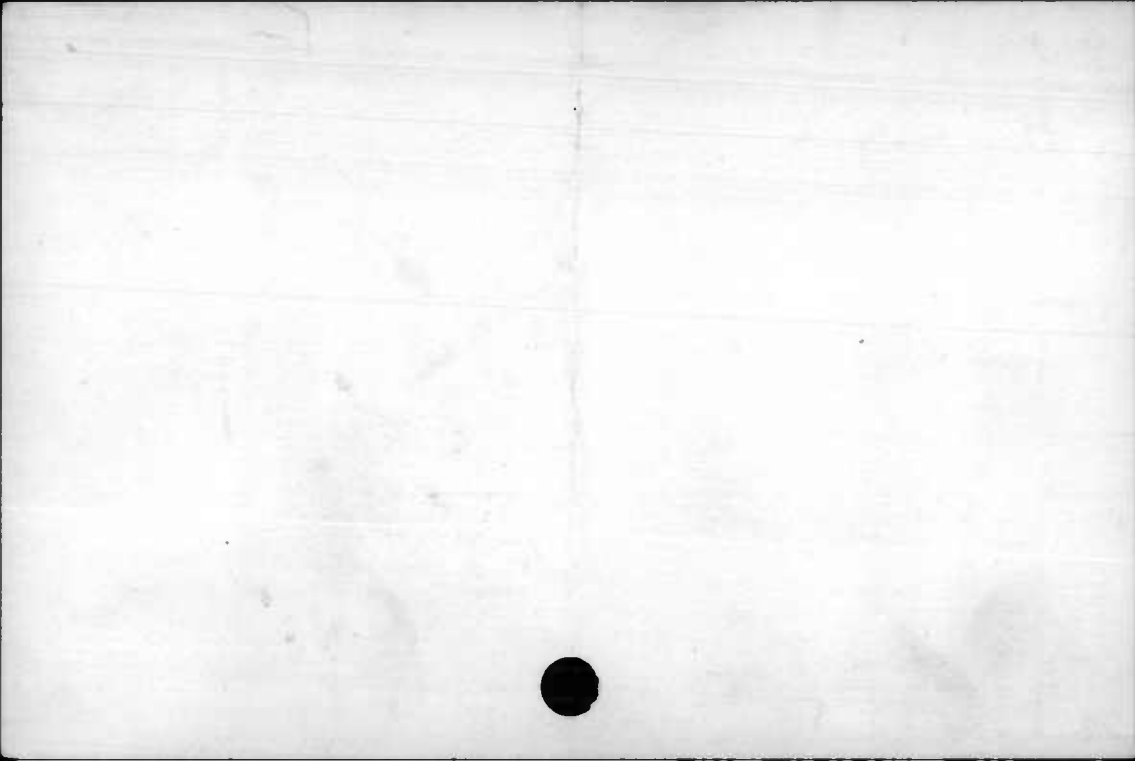
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Maulboro</i>		County <i>PL Geo</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>7</i>	Day <i>28</i>	Age <i>6</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Maulboro</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Benjamin Beal</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Florence Parker</i>			Mother's Birthplace <i>md</i>				
Name of person giving In formation <i>Benjamin Beal</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Reverdy J. Mason</i>	
		Address <i>Upper Marlboro</i>	
Accident or Suicide?		<i>md</i>	



Name
in
Full

Elizabeth Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

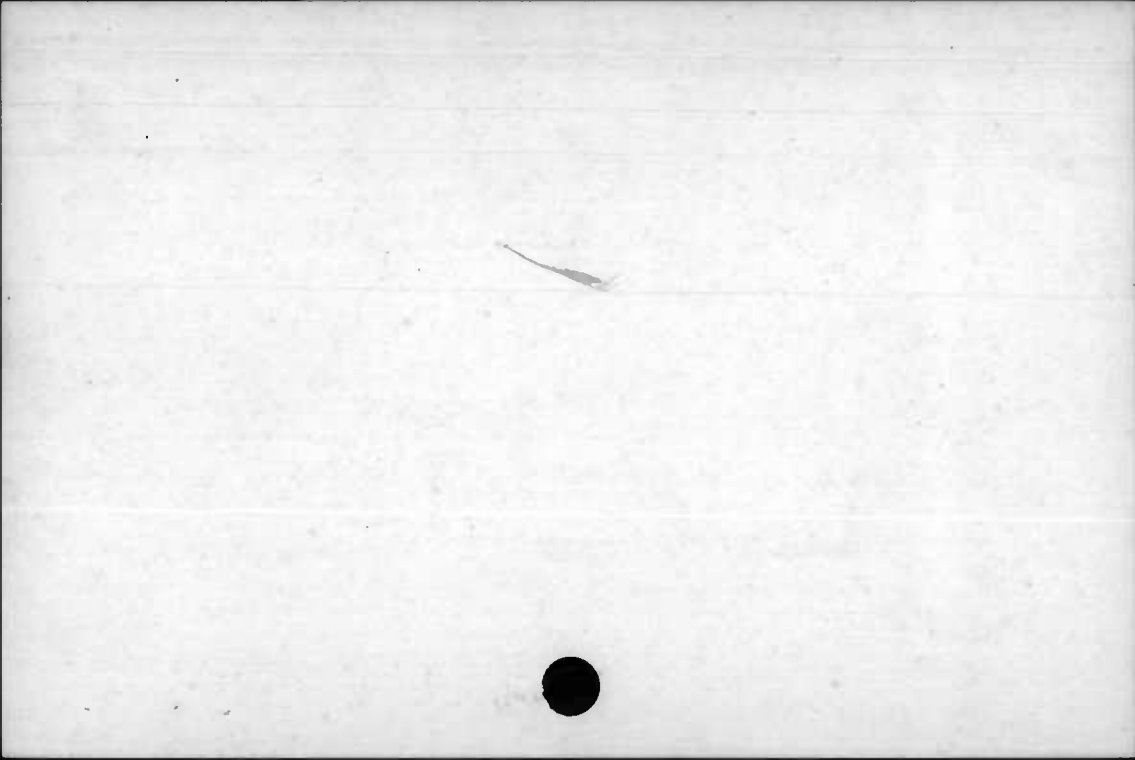
Died at Upper Marlboro' ^{Town} P-G. ^{County}
 Date of death 1905 ^{Month} 7 ^{Day} 14 ^{Age} — ^{Years} — ^{Months} 5 ^{Days} —
 Sex Female Color or Race Black Birth-place P-G Co
 Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —
 Father's Name Willie Bell Father's Birthplace P-G Co.
 Mother's Maiden Name Bertha Hood Mother's Birthplace G-G Co.
 Name of person giving Information Freeman Hood How related to deceased Grandfather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Don't Know (119) How long —
 Immediate — How long —
 Are the name, age, sex, color, date and place correctly given above? —
 Signature of Physician Freeman Hood
 Address Upper Marlboro' Md
 Accident or Suicide? —



Name in Full

Certificate of Death

Maria L. Boyce

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's
Name

Cause of Primary

Death Immediate

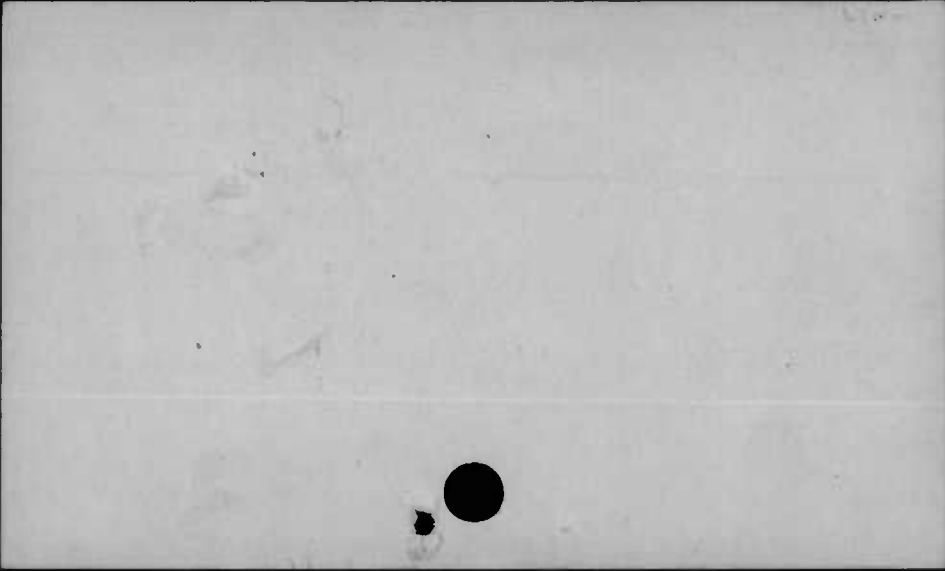
How long sick

Accident, Suicide, Homicide

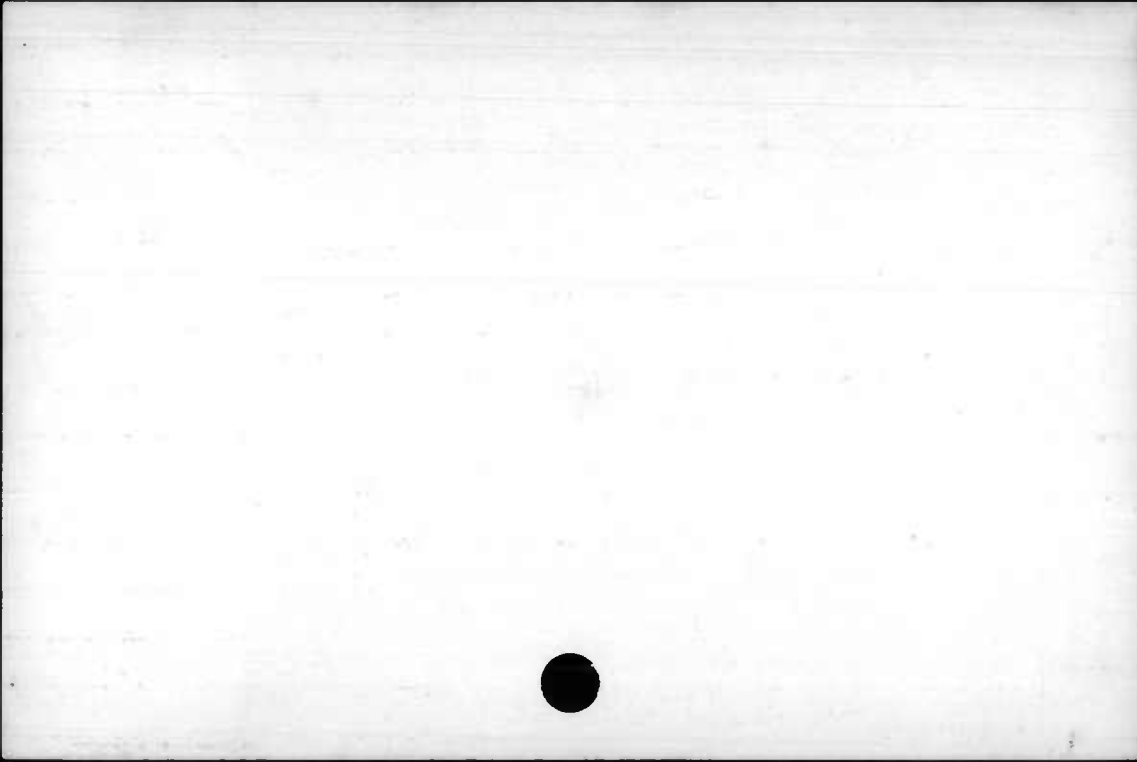
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full James Brooks		CERTIFICATE OF DEATH			
Died at Collington <small>Town</small>		Prince George <small>County</small>		MARYLAND	
Date of death 1905		Month July	Day 2	Years 16	Months —
Sex Male		Color or Race Colored		Birth-place Maryland	
Occupation Laborer		Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —			
Father's Name John Brooks		Father's Birthplace Maryland			
Mother's Maiden Name Carrie Williams		Mother's Birthplace Maryland			
Name of person giving information Michael Williams		How related to deceased Uncle			
CAUSES OF DEATH (21)					
Primary Pulmonary tuberculosis		How long Not known			
Immediate "		How long "			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. A. R. Walker			
—		Address Stalls, Md.			
Accident or Suicide? —					



Name
in
Full

Upton Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

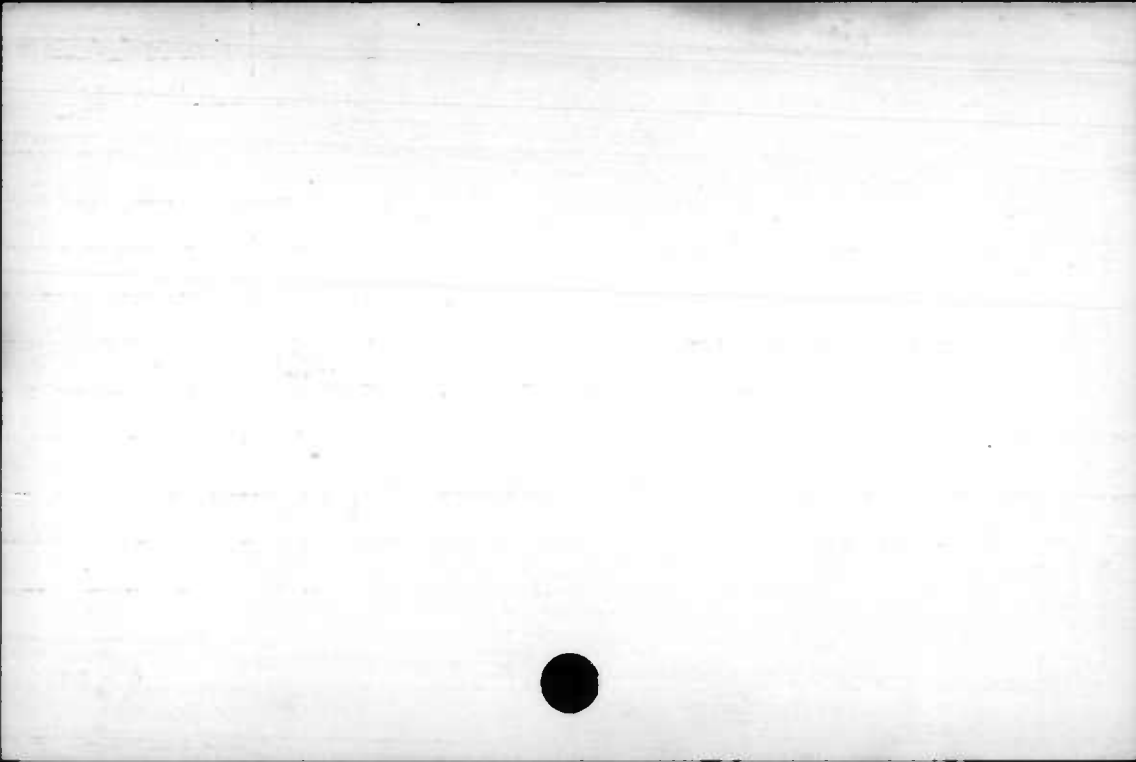
MARYLAND

Died at		Town Stalls		County Prince George			
Date of death		Month	Day	Age	Years	Months	Days
1905		July	3		—	3	—
Sex		Color or Race		Birth-place			
male		Colored		Maryland			
Occupation				Where Residing if not at place of death			
—				—			
Married, Single or Widowed				Name of Wife or Husband			
—				—			
Father's Name				Father's Birthplace			
Ada Brooks				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Matilda Daniels				Maryland			
Name of person giving information				How related to deceased			
Ada Brooks				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	2 weeks
Immediate	mal-nutrition	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. A. R. Walker	
		Address	
		Stalls, Md	
Accident or Suicide?			
—		✓	



Name
in
Full

CERTIFICATE OF DEATH

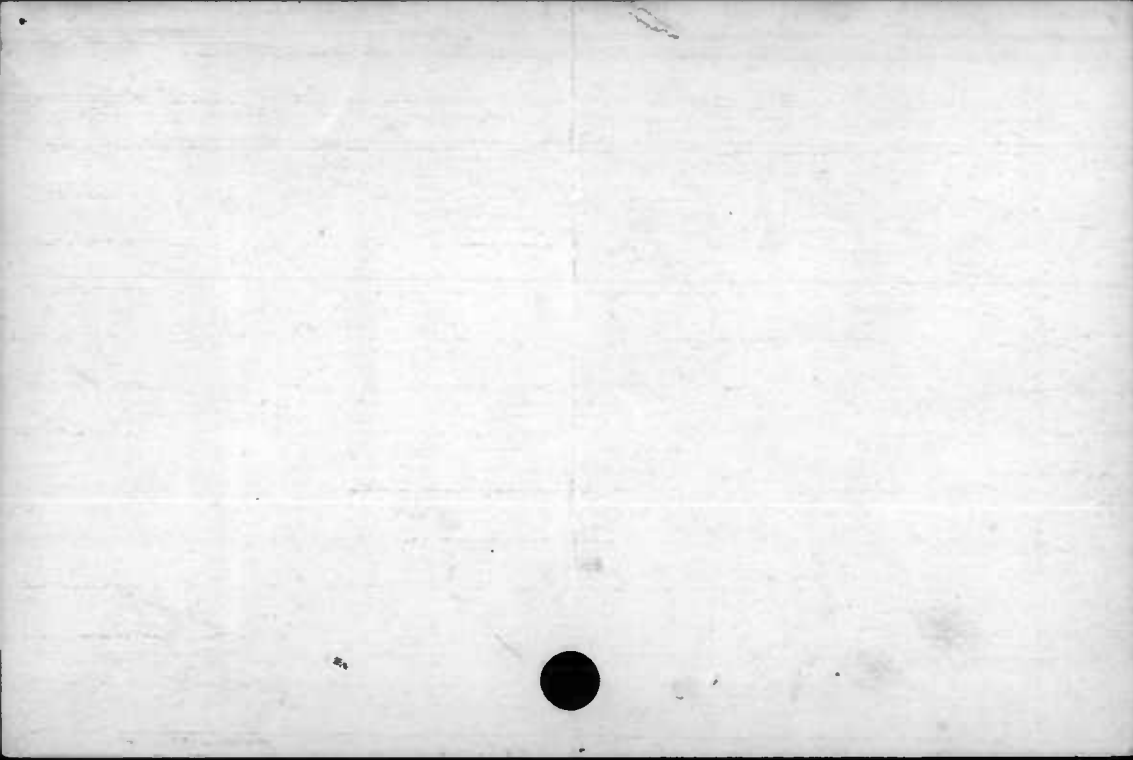
TO BE ANSWERED BY
NEAREST FRIEND

Name of <i>Lena Butler</i>		Town <i>Bladensburg</i>		County <i>Prince Geo.</i>		MARYLAND									
Died at		Date of death <i>1905</i>		Month <i>July</i>		Day <i>02</i>		Age		Years		Months		Days	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>M.D.</i>		Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband													
Father's Name		Father's Birthplace <i>M.D.</i>													
Mother's Maiden Name <i>Lena Butler</i>		Mother's Birthplace <i>M.D.</i>													
Name of person giving information		How related to deceased													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Still born</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Augustus H. Dahler J.P.</i>	
		Address <i>Bladensburg Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

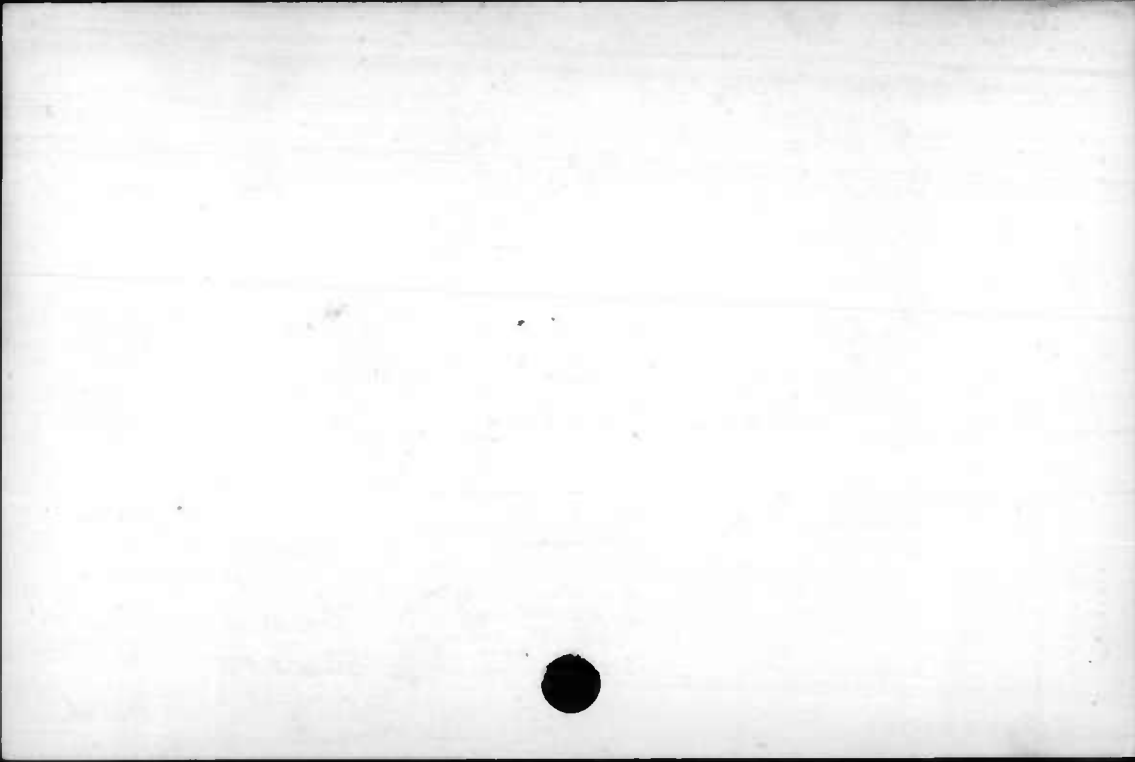
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fort Fort</i> <i>James George</i>		Town		County		MARYLAND	
Date of death <i>1905</i>	Month <i>7</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Brooklet-Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Charley Carter</i>			Father's Birthplace <i>Pryor-P.A. Md</i>				
Mother's Maiden Name <i>Juliana Edelen</i>			Mother's Birthplace <i>Charles Co. Md</i>				
Name of person giving information <i>Charley Carter</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastroenteritis</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. L. Hart-Md</i>
	Address <i>Fiscalonay-Md</i>
Accident or Suicide?	



Annie Rebecca Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near ^{Town} Halls

Greene County

MARYLAND

Date of death 1905 Month July

Day

Age 68 Years

Months

Days

Sex Female

Color or Race

White

Birth-place *Prin. Geo. Co.*

Occupation House wife

Where Residing if not
at place of death

Married, Single or Widowed Single

Name of Wife or
Husband

Father's Name William Charles

Father's Birthplace *Pri. Geo. Co*

Mother's
Maiden Name Mary Bell

Mother's Birthplace	"	"	"
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Name of person giving information Allen Clark

How related to deceased *Brother*

CAUSES OF DEATH

Primary Organic Heart Disease

How long 7 years

Immediate Dropsy

How long 4 moe.

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician A. R. Walker M.D.

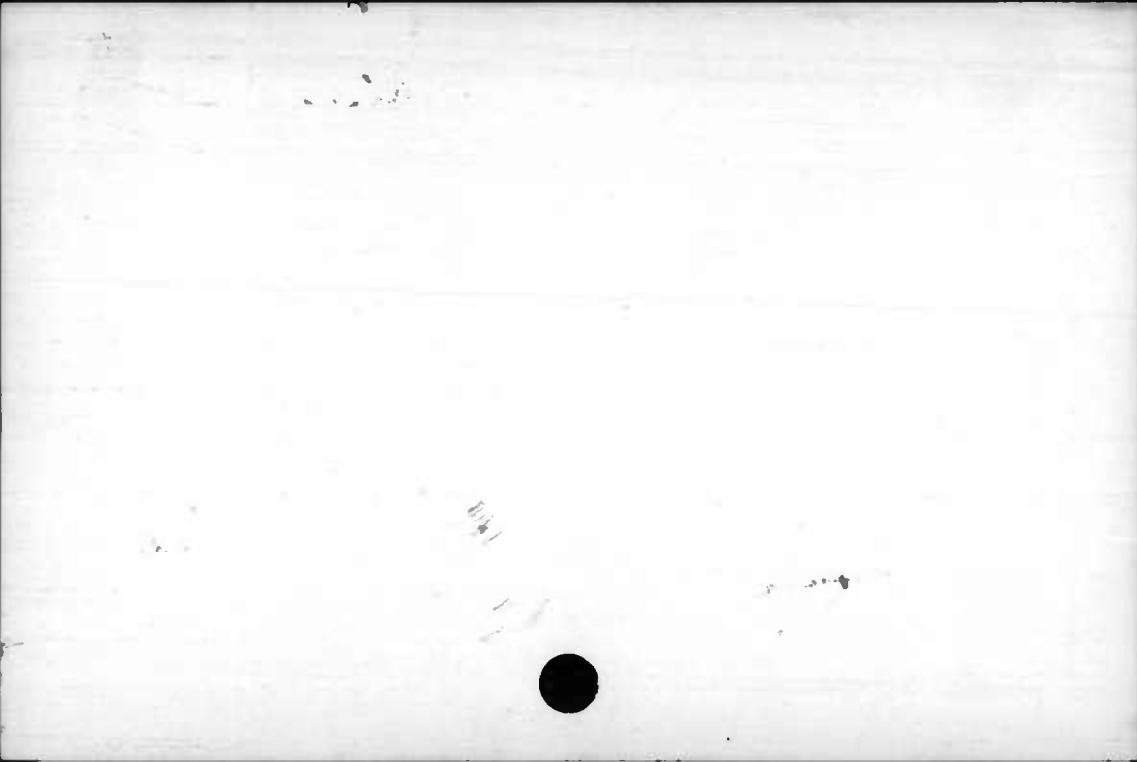
Geo.

Address Hall

Accident or Suicide?

(Perms. H.) Ind

LIBRARY BUREAU A88810



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

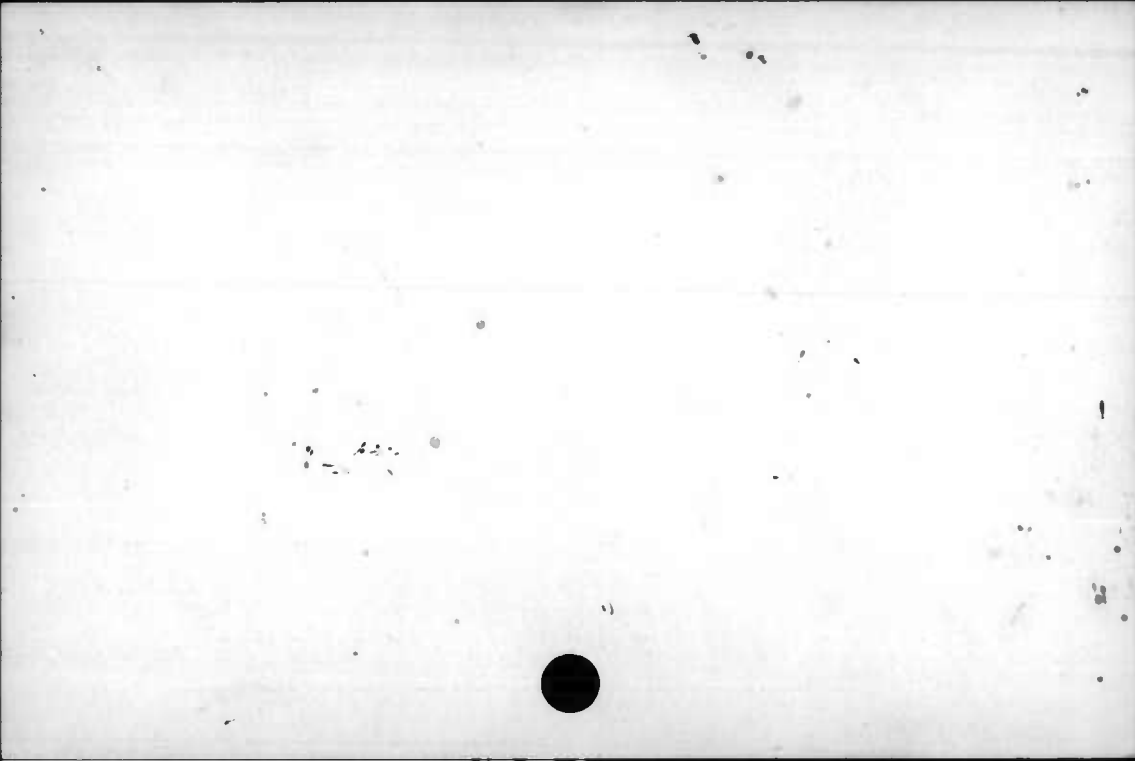
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

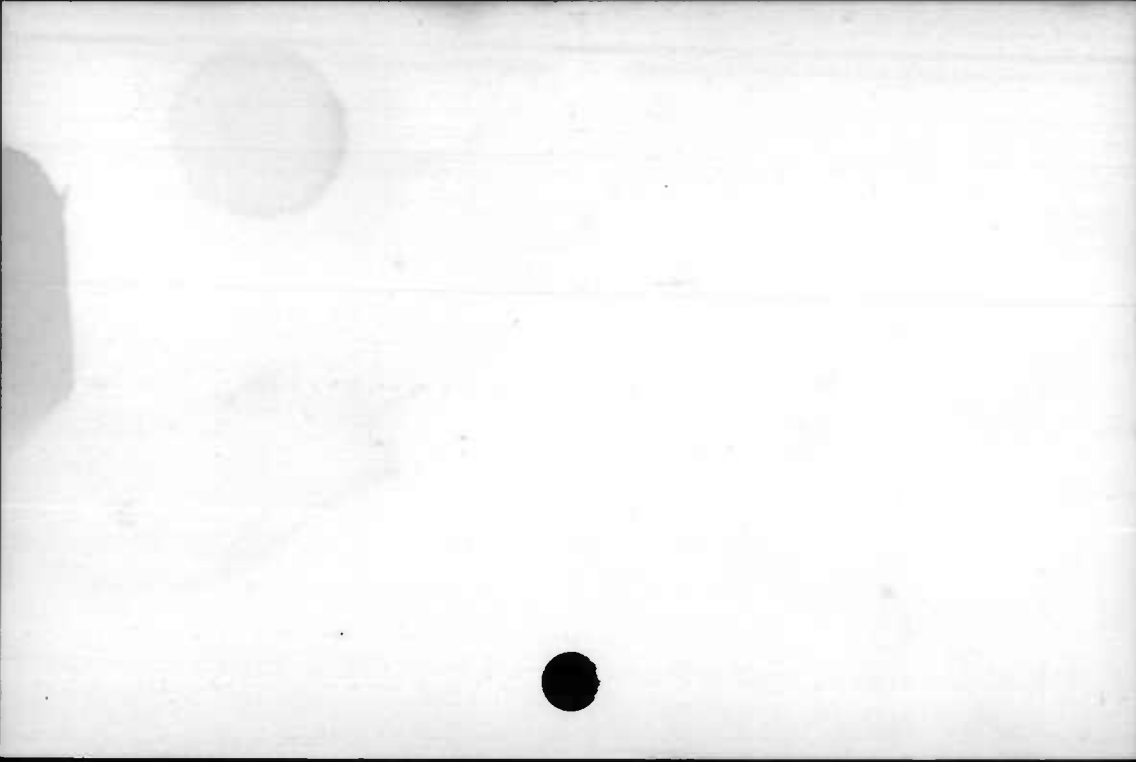
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lo. Springs</u> Town		<u>P. G.</u> County			
Date of death <u>1905</u> - <u>July</u> Month		<u>10</u> Day	Age <u>43</u> Years	<u>0</u> Months	<u>0</u> Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Chesapeake</u>			
Occupation <u>Laborer</u>		Where Residing if not at place of death			
Married, <u>Single</u>		Name of Wife or <u>Husband</u> <u>Mrs. C. C. Cope</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Chesapeake</u>			
Mother's Maiden Name <u>"G. Meade"</u>		Mother's Birthplace <u>"</u>			
Name of person giving Information <u>G. Meade</u>		How related to deceased <u>Niece</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	How long <u>3 days</u>
Immediate <u>Exhaustion</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John L. Wandy</u>
	Address <u>[Redacted]</u>
Accident or Suicide? <u>✓</u>	



Name
in
Full

CERTIFICATE OF DEATH

Died at

Date

of death 1904

Month

7

Day

19

Age

Years

—

Months

4

Days

MARYLAND

Sex
Occupation

Female

Color or
Race

Black

Birth-
place

Md.

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Edw. Smallwood

Father's
Birthplace

Md

Mother's
Maiden Name

Susanna Curtis

Mother's
Birthplace

Md

Name of person giving
In formation

Mary Curtis

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Marasmus

How long

4 mo

Immediate

Emaciation & Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

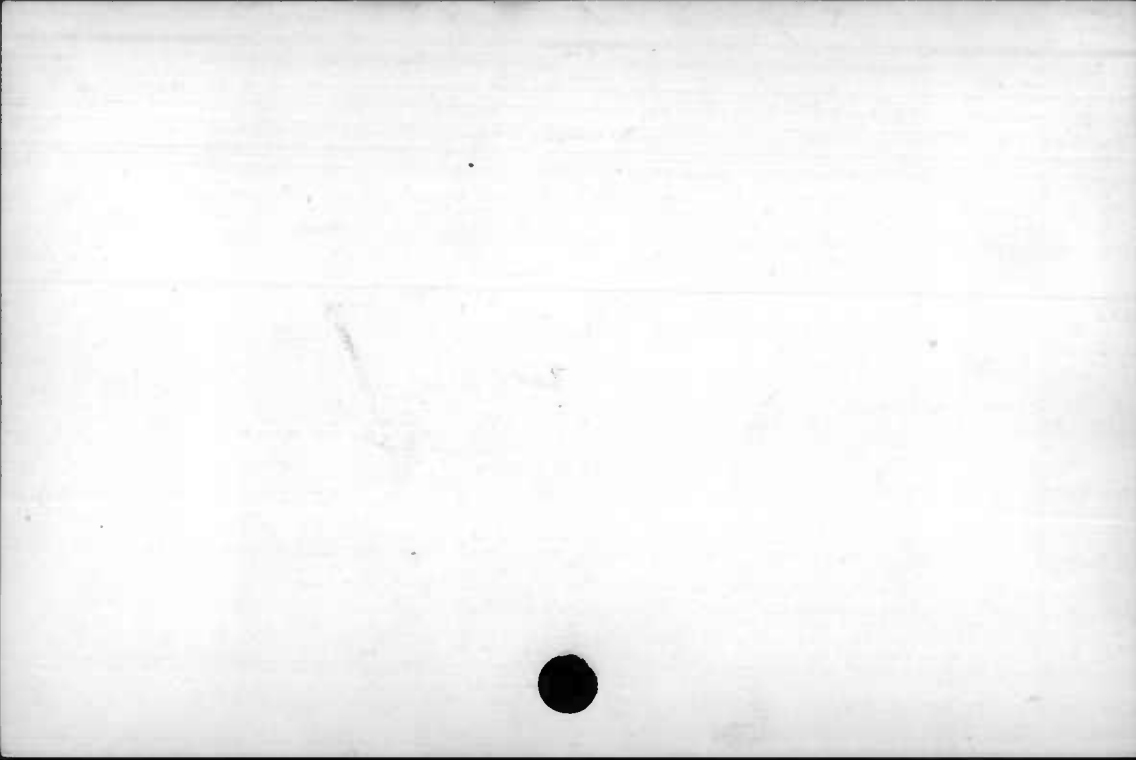
E. P. Simpson M.D.

Address

Rosedcroft Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Samuel Perry Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stardist</i> ^{Town}		<i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>7</i>	Years <i>33</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>		
Occupation <i>Merchant</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Turner Davis</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Grace Lamar</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Grace Lamar</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever (Ambulant)</i>	How long <i>3 weeks</i>
Immediate <i>Cardiac exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. A. R. Walker</i>
	Address <i>Stalls, Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>John B. Eslin</i>		County			
		Town <i>St. Rainier</i>		P. O.			
		Date of death 190 <i>6</i>	Month <i>July</i>	Day <i>10</i>	Years <i>21</i>	Months	Days <i>3</i>
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>D. C.</i>			
		Married, Single or Widowed <i>Single</i>	Occupation <i>Boiler</i>				
		Name of Wife or Husband					
		Father's Name <i>William Eslin</i>			Father's Birthplace <i>D. C.</i>		
		Mother's Maiden Name <i>Elizabeth Seier</i>			Mother's Birthplace <i>D. C.</i>		
Name of person giving information <i>Eutunda Eslin</i>			How related to deceased <i>sister</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Rheumatism</i>		How long <i>three months</i>			
		Immediate <i>Cardialgia</i>		How long <i>—</i>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John S. Dorsey</i>			
		<i>Yes</i>		Address <i>20 St & R. I. Ave N E.</i>			
		Accident or Suicide?		<i>Washington D. C.</i>			



Name
in
Full

CERTIFICATE OF DEATH

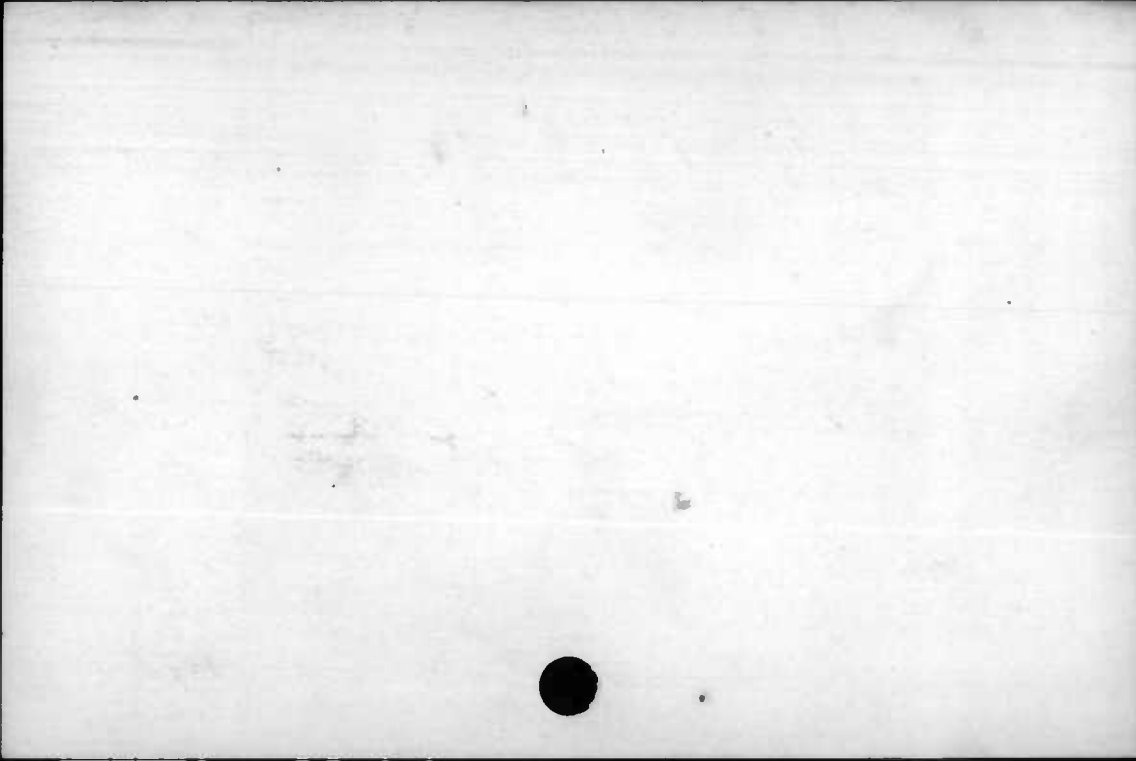
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		7	9		—	3	1
Sex		Color or Race		Birth-place			
Female		White		Md.			
Occupation				Where Residing If not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Charles E. Eames				Md.			
Mother's Maiden Name				Mother's Birthplace			
Laura Biggs				Md.			
Name of person giving information				How related to deceased			
Charles E. Biggs				Uncle			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Marasmus	3 mos
Immediate	How long
Exhaustion	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	



Name
in
Full

William H. Hall

CERTIFICATE OF DEATH

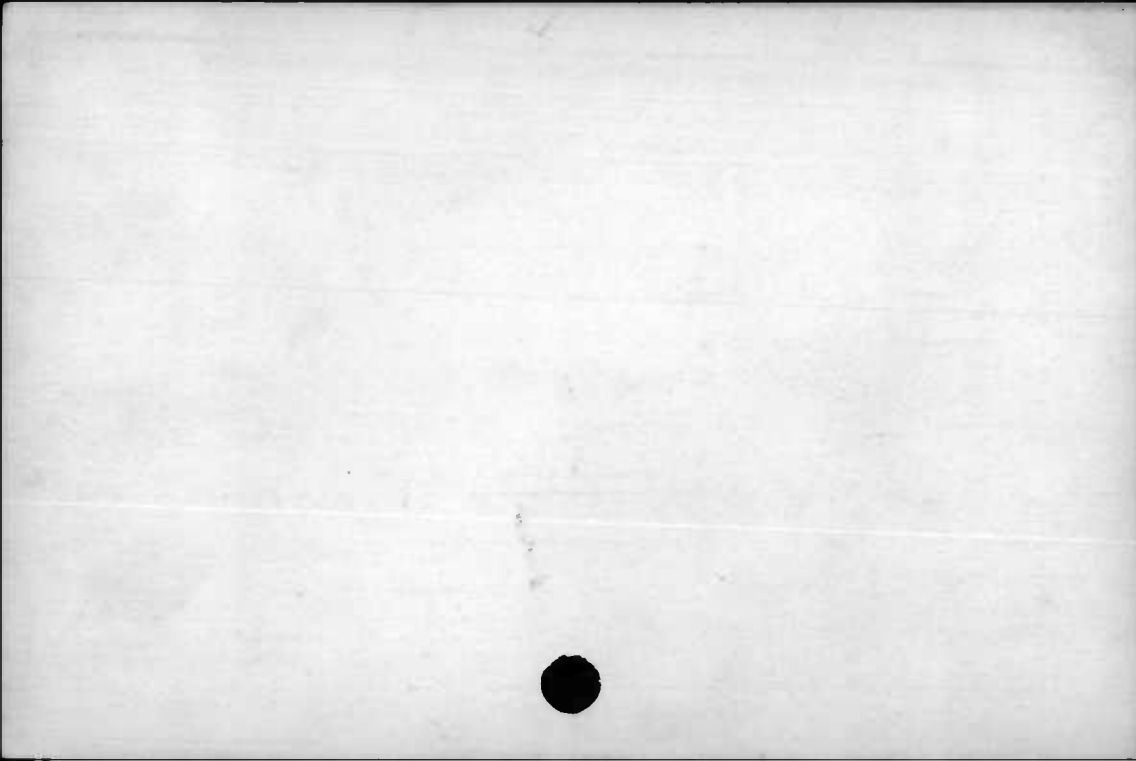
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Bowie</i>		Town <i>Prince George</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>July</i>		Day <i>6</i>		Age <i>19</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Leeland, P.G.Co., Md.</i>		Months <i>11</i>	
Occupation <i>Farm</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>John L Hall</i>		Father's Birthplace <i>P.G.Co. Ind.</i>					
Mother's Maiden Name <i>Georgia Mayhew</i>		Mother's Birthplace <i>P.G.Co. ind.</i>					
Name of person giving information <i>John L. Hall</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis & Abscess of Lung</i>		How long <i>Four months</i>	
Immediate <i>Asphyxia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. Cornwall</i>	
		Address <i>Springfield Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Henry W. Hamilton*

MARYLAND

Died at *Camp Springs* ^{Town} *P. G.* ^{County}Date of death *1905* ^{Month} *July* ^{Day} *15* Age *2* ^{Years} *2* ^{Months} *2* ^{Days}Sex *Male* Color or Race *Black* Birth-place *Ind*

Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
or ~~Widowed~~Name of Wife or
Husband _____Father's Name *George Hamilton*Father's Birthplace *Ind*Mother's Maiden Name *Lena Thomas*Mother's Birthplace *Ind*Name of person giving
In formation *Geo. Hamilton*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Leukemia*How long *19*

Immediate _____

How long

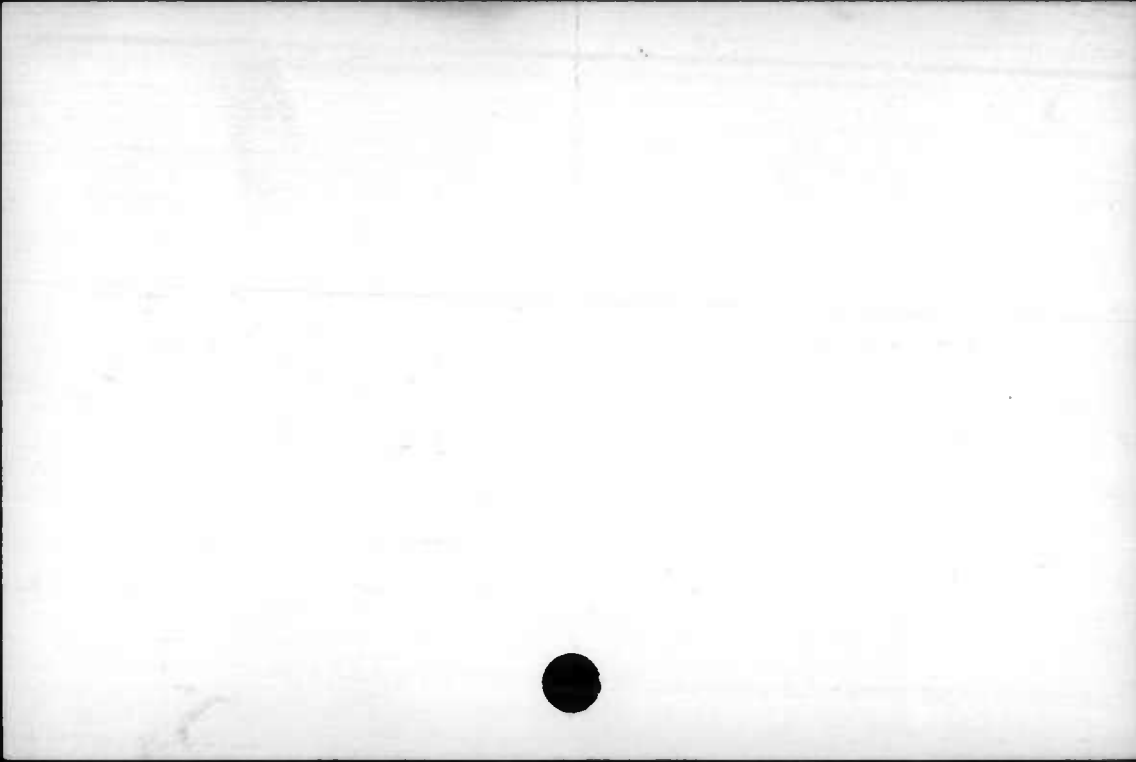
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

J. L. Waring

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Charity Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cheltenham* Town*P. G.* County

MARYLAND

Date of death *1905* Month *July*Day *5*Age *85* Years

Months

Days

Sex *Female*Color or Race *Black*Birth-place *MD*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed *Widowed*Name of Wife or
Husband *Bruce Hawkins*Father's Name *Bruce Hall*Father's Birthplace *P. G. Co. Md.*Mother's Maiden Name *Sophia*Mother's Birthplace *P. G. Co. Md.*Name of person giving
In formation *C. E. Greenfield*How related
to deceased *former owner*

CAUSES OF DEATH

Primary *Senile Debility*

How long

Immediate

How long

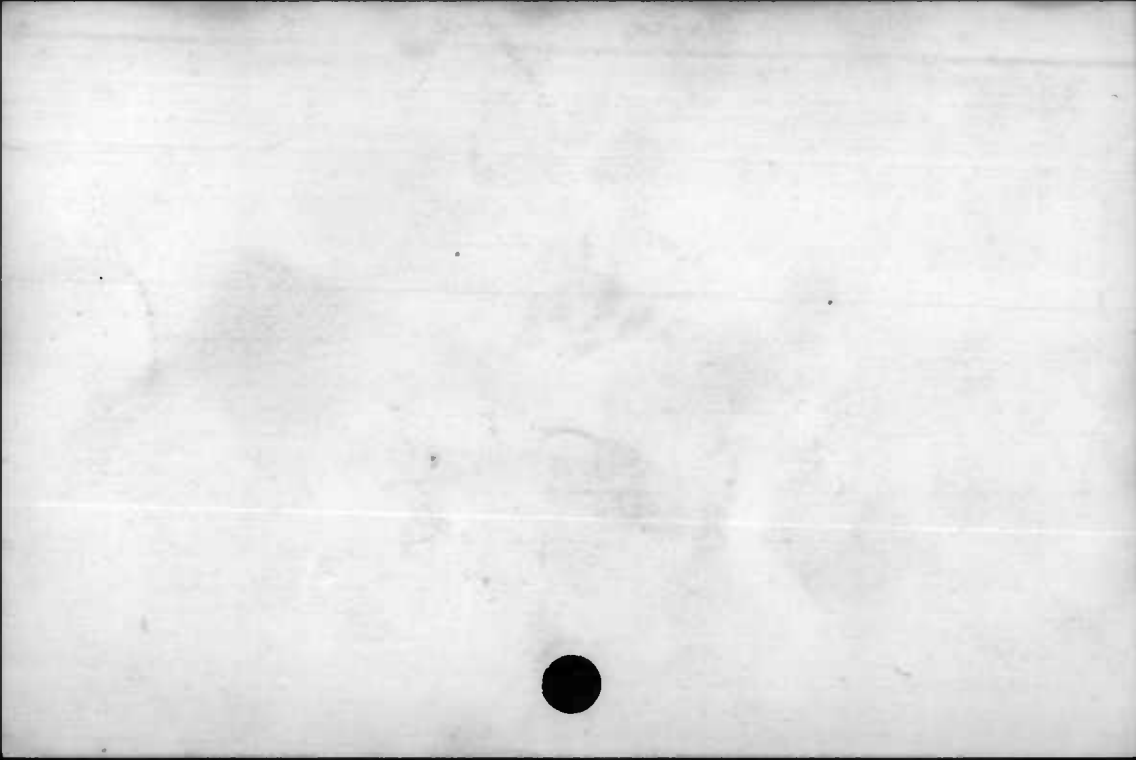
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. H. Gibbons
Groom Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Charles Hebron

CERTIFICATE OF DEATH

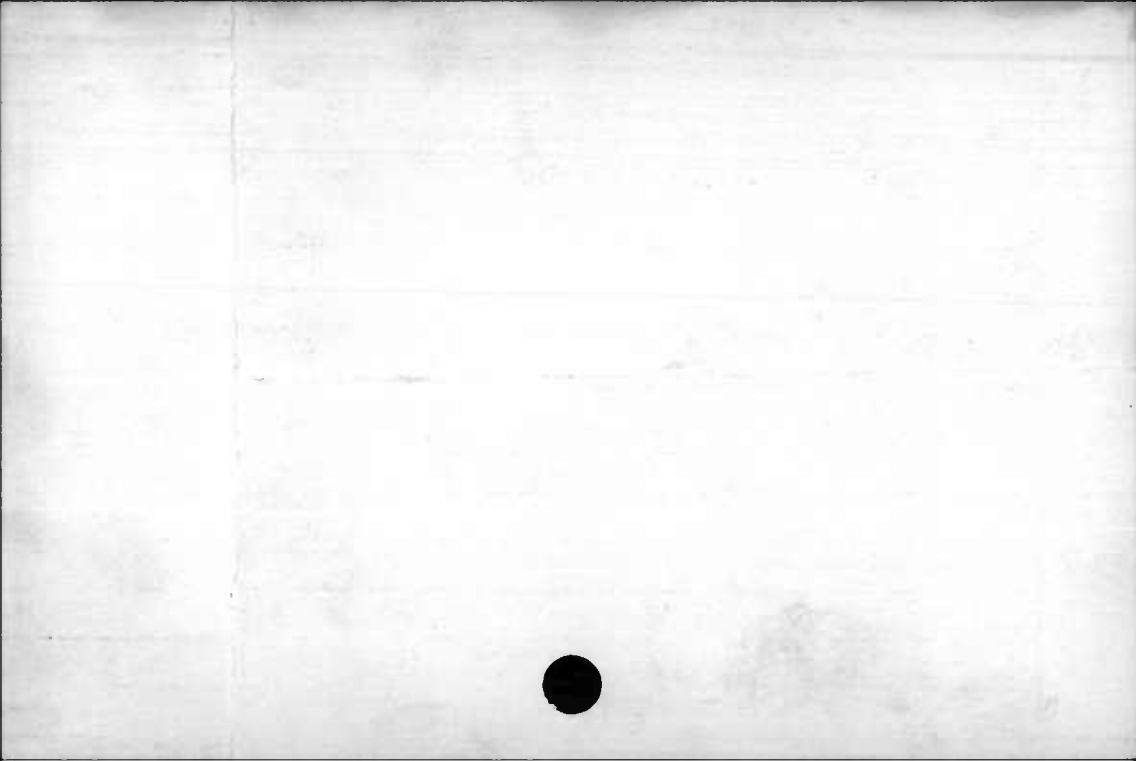
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annandale</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>July</i>	Day <i>24</i>	Age <i>17</i>	Years <i>Don't know</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montgomery Co Md</i>		
Occupation <i>at home</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Solomon Hebron</i>			Father's Birthplace <i>P.G.Co. Md</i>		
Mother's Maiden Name <i>Georgianna Dublin</i>			Mother's Birthplace <i>Montg Co Md</i>		
Name of person giving information <i>William Gross</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>5 months</i>
Immediate <i>Asthma</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Beaumont Md.</i>
Accident or Suicide?	



Name

in
Full

Howard B. Halland

CERTIFICATE OF DEATH

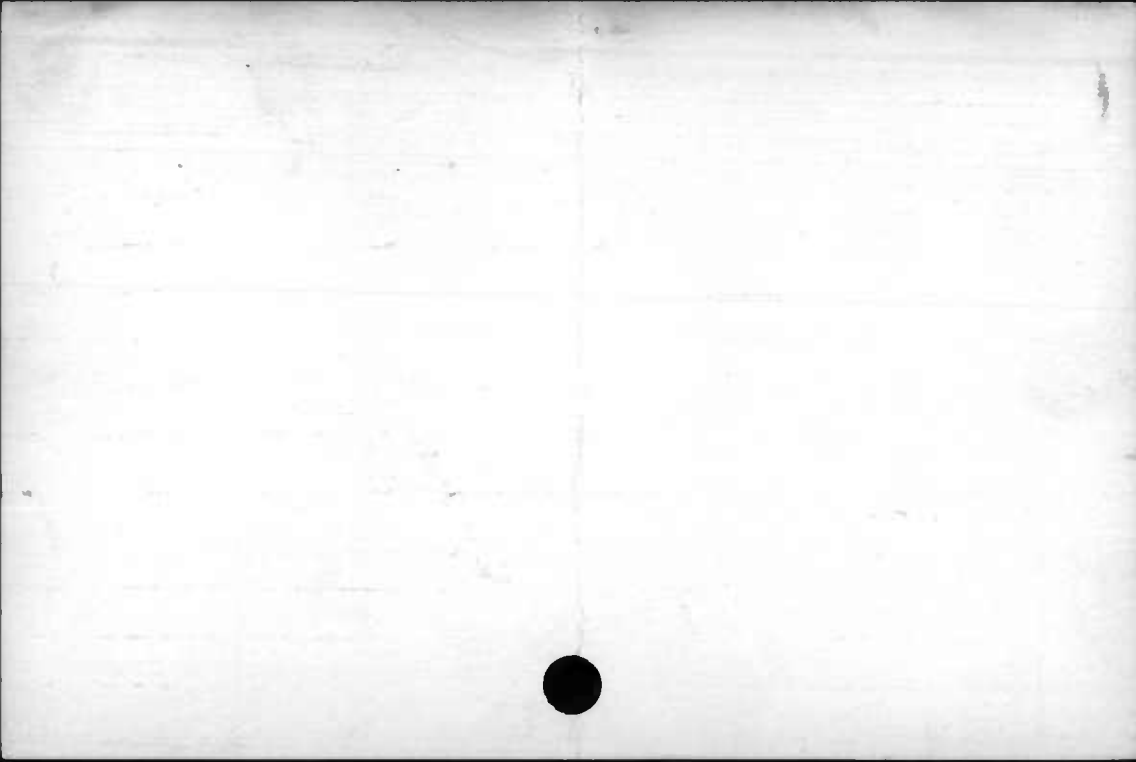
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berwyn</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>July</i>	Day <i>29</i>	Age <i>14</i>	Years <i>3</i> Months <i>18</i> Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>at home</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Richard Halland</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Henrietta Ray</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Benj. Hicks</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>
Immediate <i>Perforation & peritonitis</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Etienne</i>
	Address <i>Berwyn Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Wrightsville* Town *P. Geo* CountyDate of death *1905* - *July* Month *9* Day Age *26* Years Months DaysSex *Male* Color or Race *White* Birth-place *Wrightsville*Occupation *-* Where Residing if not at place of death *-*Married, Single or Widowed *-* Name of Wife or Husband *-*Father's Name *Frank Hurd*Father's Birthplace *Pa*Mother's Maiden Name *Martin*Mother's Birthplace *Maryland*Name of person giving information *Frank Hurd*How related to deceased *Father*

CAUSES OF DEATH

Primary *Don't know*How long *From birth*

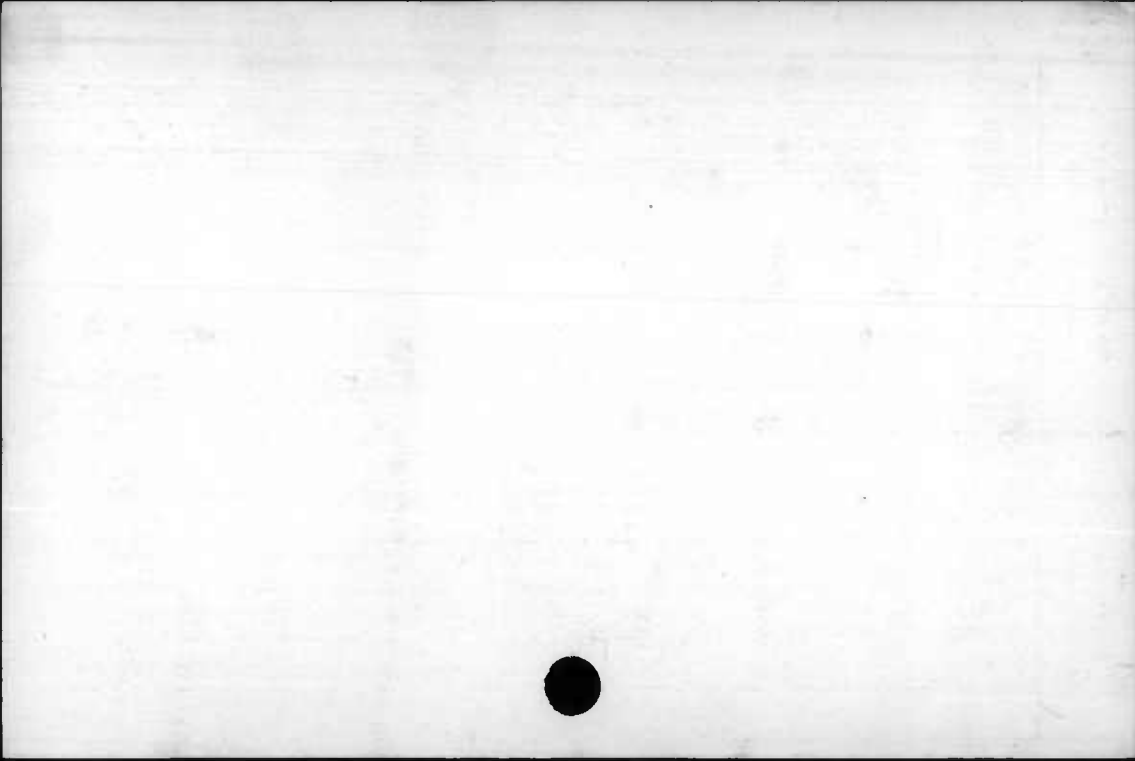
Immediate

Are the name, age, sex, color, date and place correctly given above?

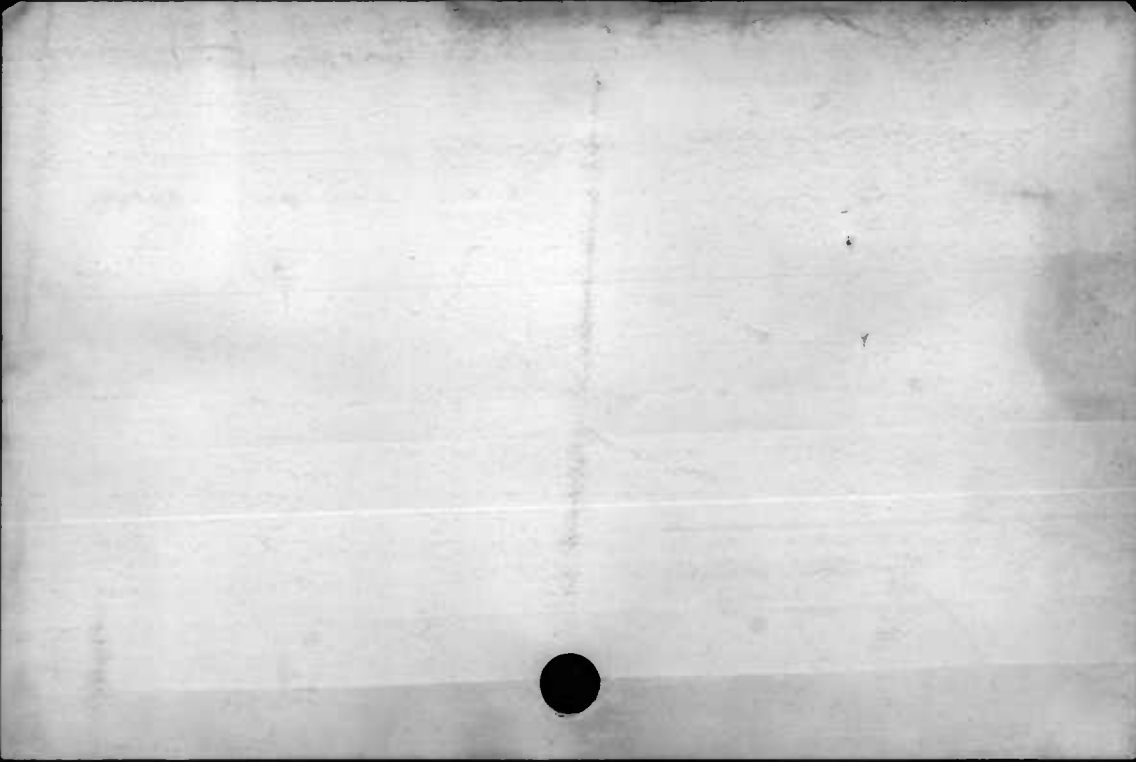
Signature of Physician

Address

Accident or Suicide?



Name in Full		Mildred Effie Jenkins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Bennings, D.C.</u>		County <u> </u>		MARYLAND		
		Date of death	Month	Day	Age	Years	Months	Days
		1905	July	26	26	27	—	—
		Sex	Color or Race		Birthplace			
		Female	White		Maryland			
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband <u>John V. Jenkins</u>				
		Father's Name <u>J. B. Disney</u>		Father's Birthplace <u>Ma.</u>				
		Mother's Maiden Name <u>Sarah M. Beall</u>		Mother's Birthplace <u>Ma.</u>				
		Name of person giving Information <u>George L. Jenkins</u>		How related to deceased <u>Brother in Law</u>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Pneumonia</u>		How long <u>6 months</u>				
		Immediate <u>Exhaustion</u>		How long <u>one month</u>				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D. B. Street, M.D.</u>				
		yes		Address <u>1402 - 9th St. N.W.</u>				
		no		<u>Wash. D.C.</u>				
		Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

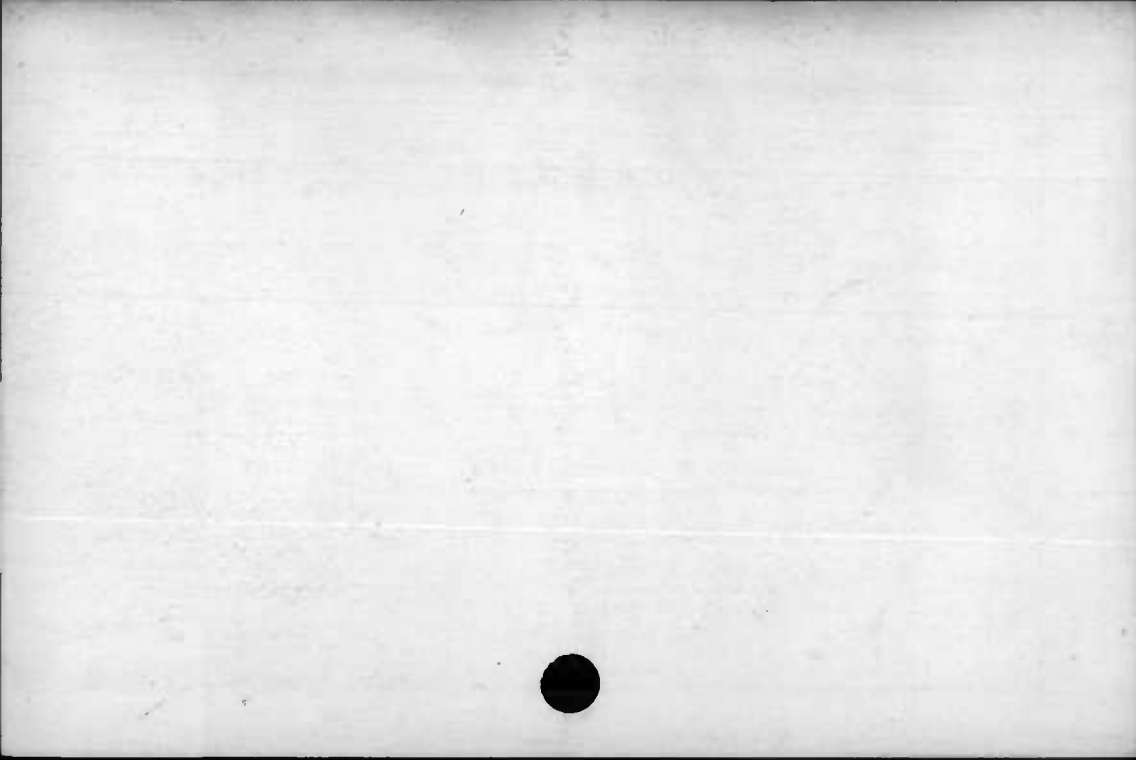
MARYLAND

Died at <i>Northkeys</i> <small>Town</small>		<i>P. G.</i> <small>County</small>			
Date of death <i>1905</i>	<i>July</i> <small>Month</small>	<i>4</i> <small>Day</small>	<i>19</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John R Johnson</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Elsie Butler</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Benjamin H Johnson</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia Phthisis</i>	How long <i>1 year</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>Croom Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Carroll James*
Town *Glendale*County *Pitt.*

Died at

Date

of death

Month

Day

Years

Months

Days

1905

July

22

Age

47

Sex

*Male*Color or
Race*Black*Birth-
place*P. G. Co. Md.*

Occupation

*Farm hand*Where Residing if not
at place of death*Glendale Co*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Michael James*Father's
Birthplace*P. G. Co. Md.*Mother's
Maiden Name*Robert Pinner*Mother's
Birthplace*Md.*Name of person giving
In formation*Michael James*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Apoplexy

How long

64

Immediate

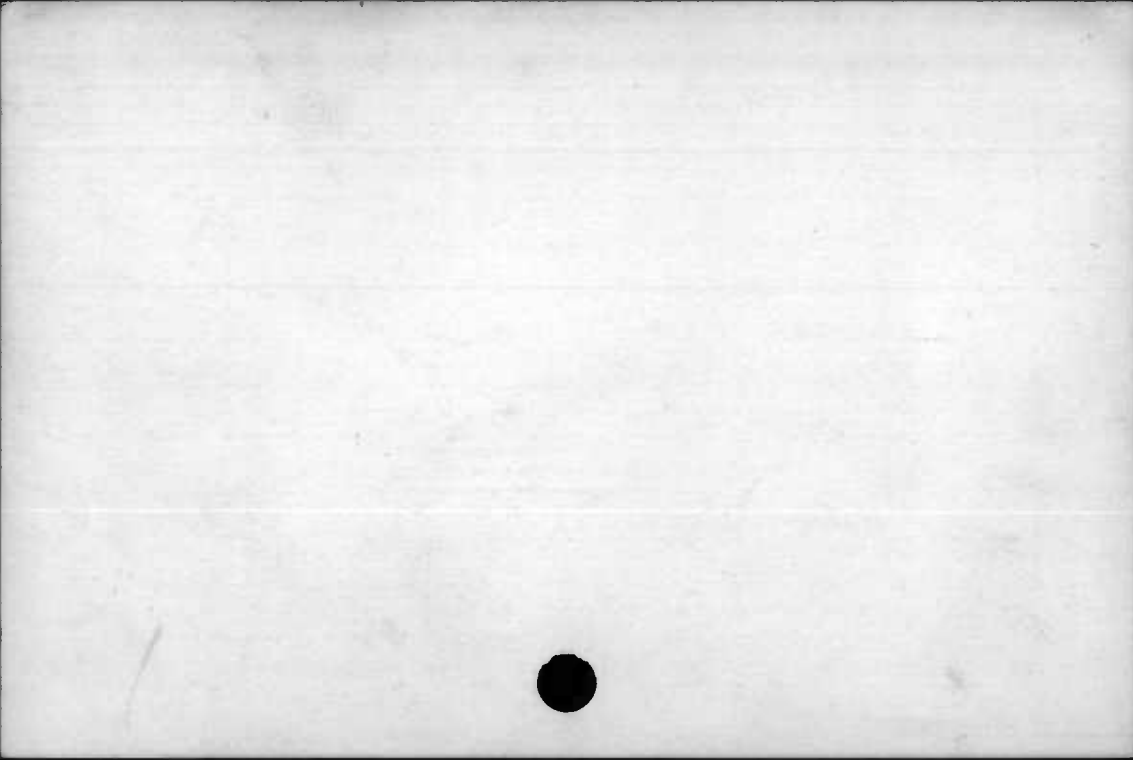
How long

*—*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Wm. M. Donaldson
Springfield Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

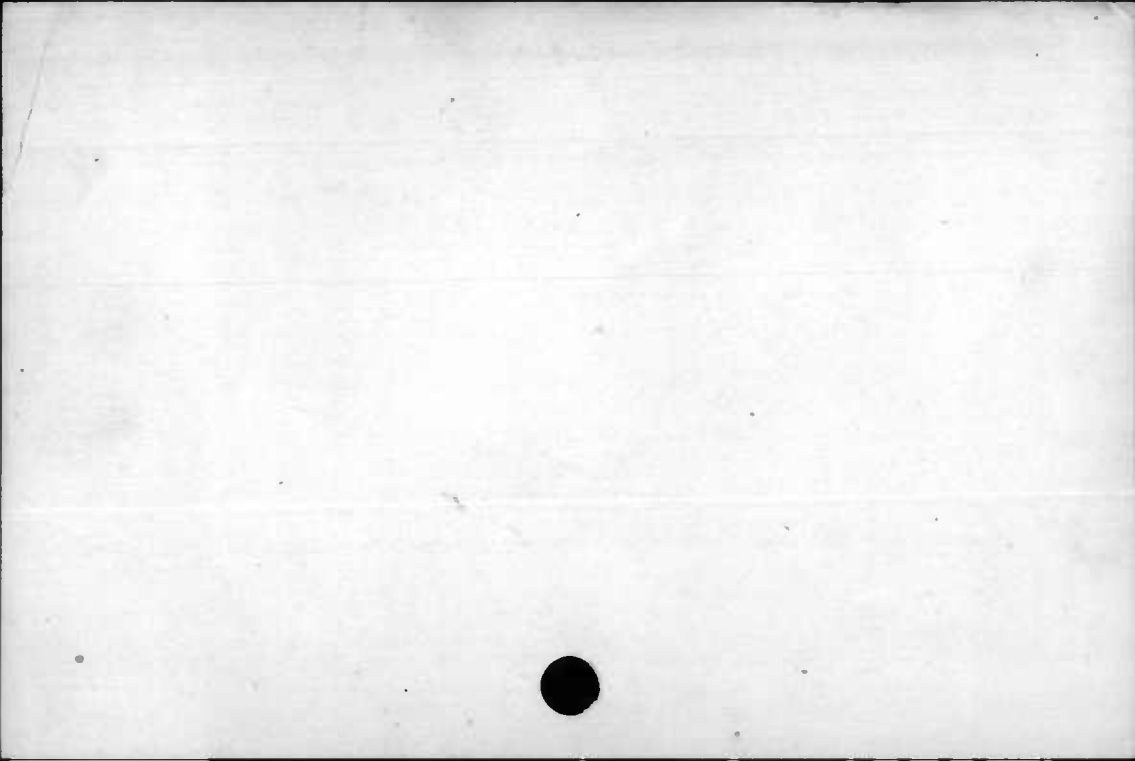
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		John Rudolph Jones				County		Maries		TOWN		MARLBORO		Died at		Date of death 1905		Month 7		Day 9		Years		Months 3		Days		MARYLAND															
Sex		Male		Color or Race		Caucasian		Birth-place		Near Marlboro		Occupation		Where Residing if not at place of death		Married, Single or Widowed		Name of Wife or Husband		Father's Name		Snowden Jones		Father's Birthplace		Marlboro		Mother's Maiden Name		Bertina High		Mother's Birthplace		Baltimore		Name of person giving In formation		Snowden Jones		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Cholera Infantum		How long		3 days									
Immediate		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Reuben Sasser		Address		Marlboro		Ind.	



Name
in
Full

Sarah E. Jones

CERTIFICATE OF DEATH

Town

Died at Marlboro

County

Providence

MARYLAND

Date

of death 1905

Month

July

Day

2

Years

Age

1

Months

1

Days

7

Sex

Male

Color or
Race

Black

Birth-
place

Same

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Philip D. Jones

Father's
Birthplace

P.R.C.

Mother's
Maiden Name

Mary M. Bell

Mother's
Birthplace

P.R.C.

Name of person giving
Information

Philip D. Jones

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

Died - 1 hour

Immediate

Exhaustion

How long

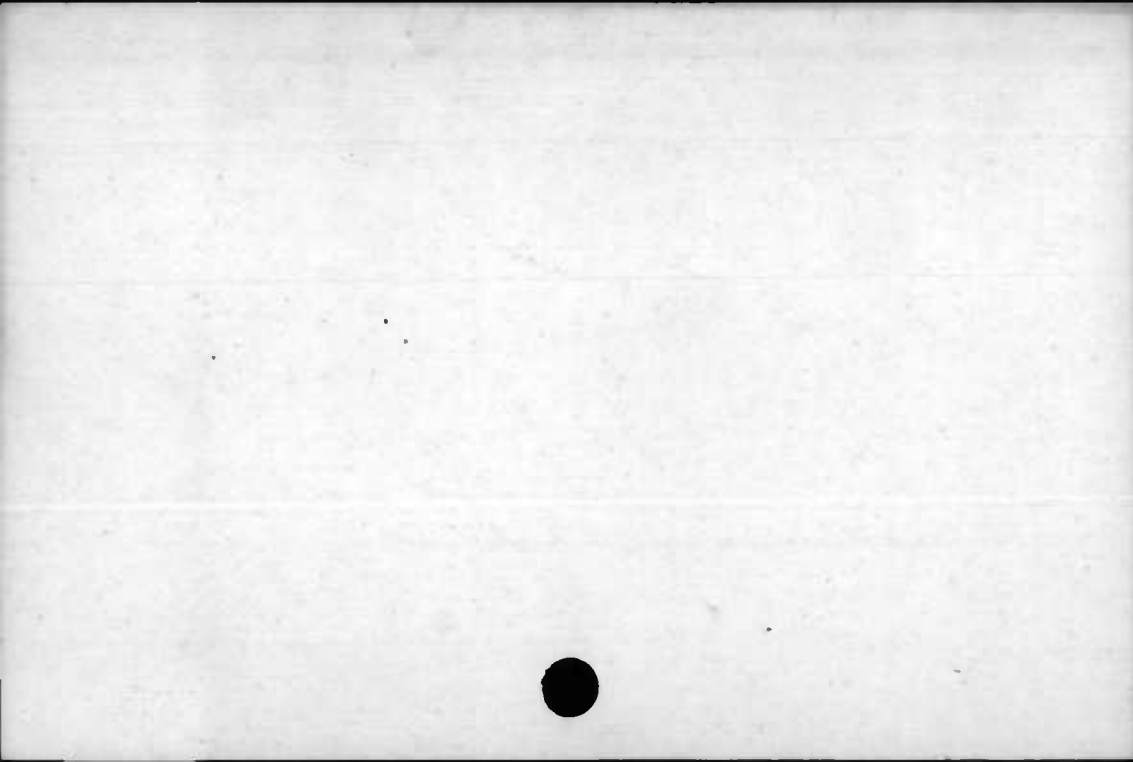
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

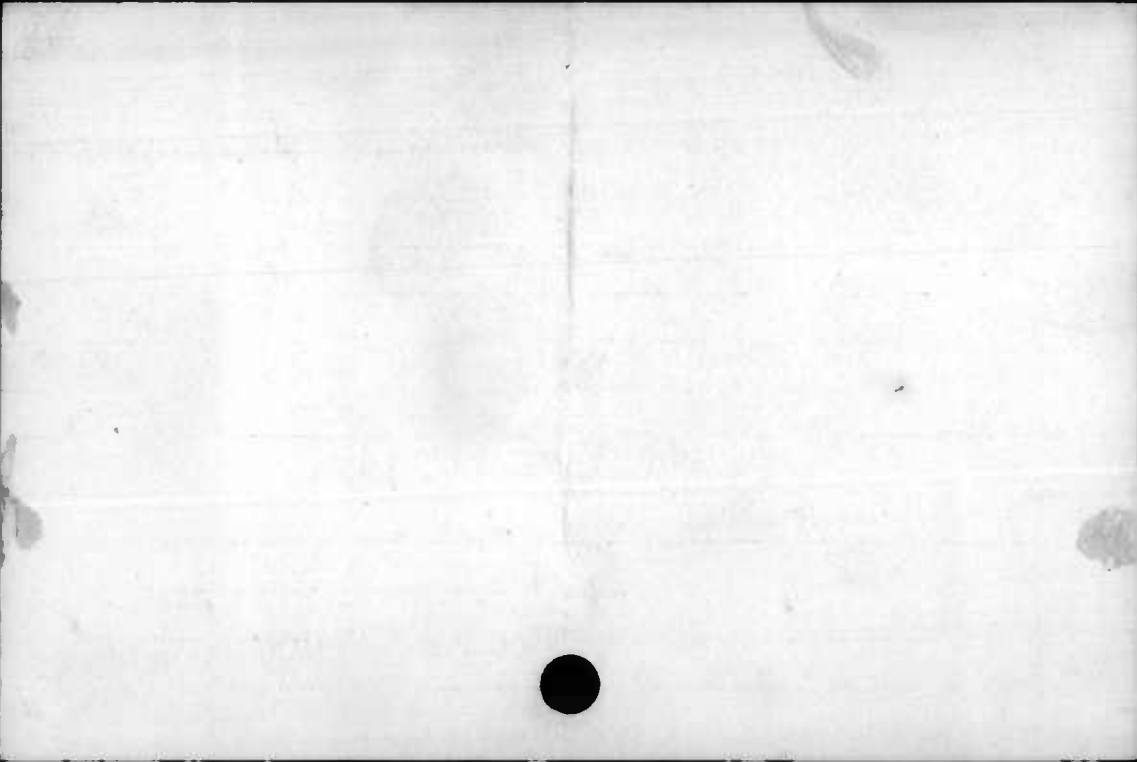
Dr. Luffick
Upper Marlboro
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Still born				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bladensburg</i> ^{Town}				<i>P. Geo.</i> ^{County}		MARYLAND					
	Date of death <i>1905</i>		<i>July</i> ^{Month}		<i>26</i> ^{Day}		Age <i>—</i> ^{Years}		Months <i>—</i>		Days <i>—</i>	
	Sex <i>Female</i>				Color or Race <i>White</i>				Birth-place <i>Bladensburg</i>			
	Occupation <i>—</i>					Where Residing if not at place of death <i>—</i>						
	Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>S.</i>							
	Father's Name <i>Joseph Koch</i>				<i>S.</i>				Father's Birthplace <i>M.D.</i>			
	Mother's Name <i>Stella Koch</i>				<i>infant of</i>				Mother's Birthplace <i>M.D.</i>			
Name of person giving information <i>Joseph Koch</i>								How related to deceased <i>Parents</i>				
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary <i>} Still born</i>				How long <i>S.</i>							
	Immediate <i>} Still born</i>				How long <i>S.</i>							
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. C. Schindler, M.D.</i>							
					Address <i>Brookwood, Md.</i>							
	Accident or Suicide?											
LIBRARY BUREAU A55515												



Name
in
Full

Not Named

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

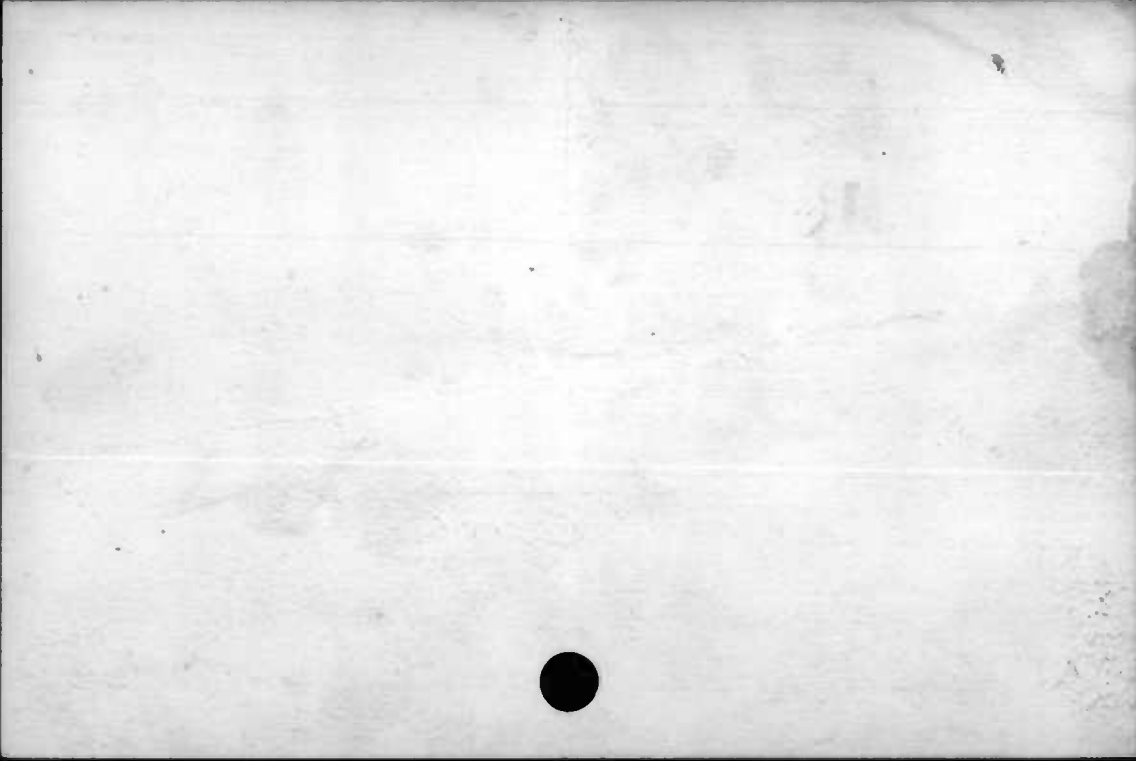
MARYLAND

Died at <u>Hyattsville</u> ^{Town}		<u>Prince Geo.</u> ^{County}	
Date of death 1906 ^{Month} <u>July</u> ^{Day} <u>21</u>	Age <u>still born</u> ^{Years} <u>0</u> ^{Months} <u>0</u> ^{Days} <u>0</u>		
Sex <u>male</u>	Color or Race <u>Colored</u>	Birth-place <u>M.D.</u>	
Occupation <u> </u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u>S. S.</u>		
Father's Name <u>Frank Lancaster</u>	Father's Birthplace <u>M.D.</u>		
Mother's Maiden Name <u>Ellen Sharps</u>	Mother's Birthplace <u>M.D.</u>		
Name of person giving information <u>Frank Lancaster</u>	How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Natural cause</u>	How long <u> </u>
Immediate		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of <u>W. Brooke Hunter, J. P.</u>	Address <u>Hyattsville, Md.</u>
		
Accident or Suicide?		



Name
in
Full

Pearl M. Leakin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hyattsville

Town

Prince George

County

Date

of death 1905

Month

July

Day

6

Age

Years

c

Months

6

Days

c

Sex

Female

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Andrew J. Leakin

Father's
Birthplace

Md.

Mother's
Maiden Name

Pearl B. Herbert

Mother's
Birthplace

D.C.

Name of person giving
In formation

Andrew Leakin

How related
to deceased

Father

CAUSES OF DEATH

Primary

Gastro-Enteritis

How long

3 wks.

Immediate

Convulsions

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

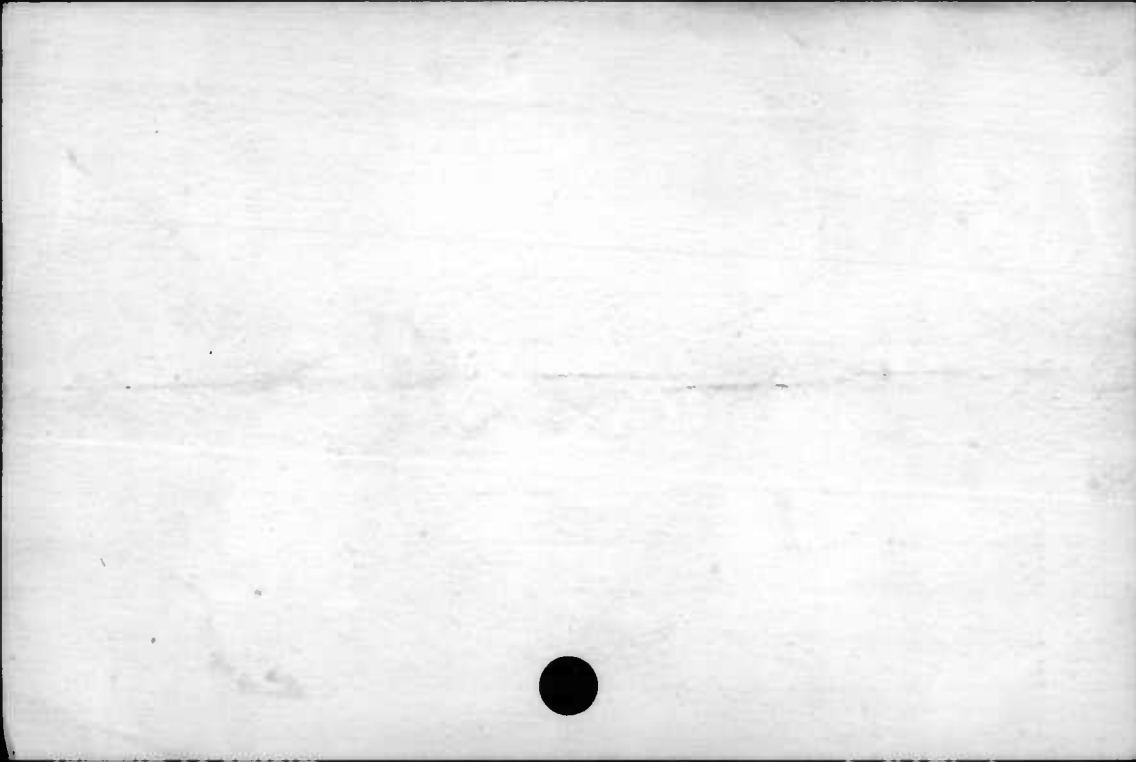
A. M. Brewster

Address

928 Md. Ave. N.E., Wash. D.C.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Willard Landon Lowry

CERTIFICATE OF DEATH

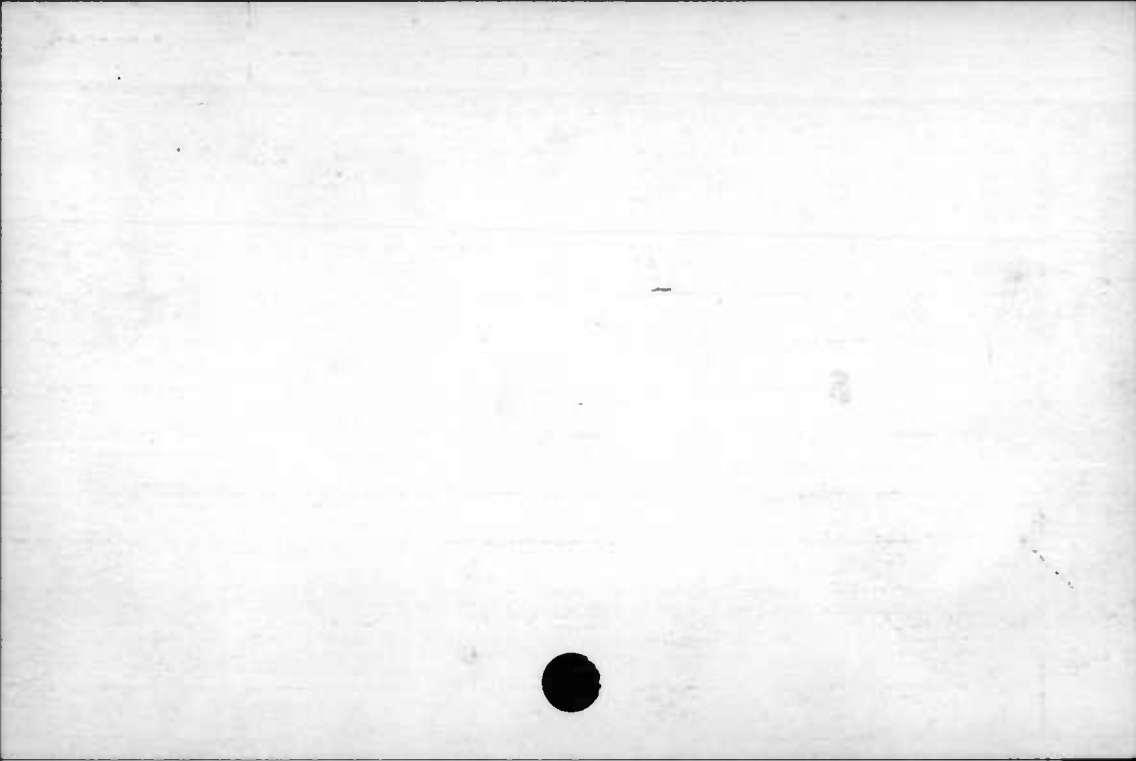
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Laurel</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death <i>1904</i>	Month <i>July</i>	Day <i>15th</i>	Years <i>31</i>	Months	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Northumberland Co Va</i>		
Occupation <i>Fish trapping</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Clarey Cookman</i>				
Father's Name <i>C. F. Lowry</i>			Father's Birthplace <i>Northumberland Co Va</i>		
Mother's Maiden Name <i>Laura E. Fuller</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>W. Willey</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

Physician
OR CORONER

Primary	<i>Found Mangled on</i>	How long
Immediate	<i>O. & O. Rail Road Tracks</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>Henry J. Frost</i>
		Address <i>Laurel Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *John Luther*
Town *Berwyn*County *Pr. Geo. Co*Date of death *1905*
Month *July*Day *2*Age *28*
Years

Months

Days

Sex

*Male*Color or
Race*white*Birth-
place*Germany*

Occupation

*clerk*Where Residing if not
at place of death*Berwyn*Married, Single
or WidowedName of Wife or
Husband*Mrs. C. Graess*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Mrs. C. Graess*How related
to deceased*wife*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Asthenia

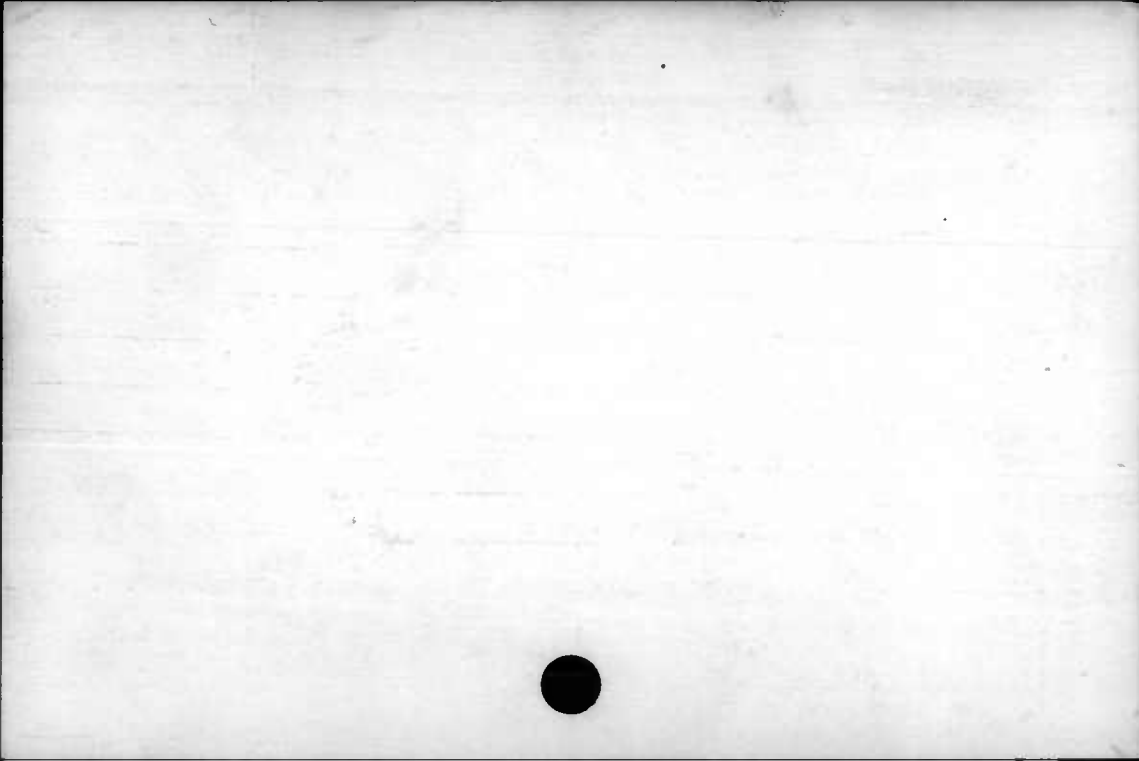
How long

*2 months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

A. O. Etienne
Berwyn

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

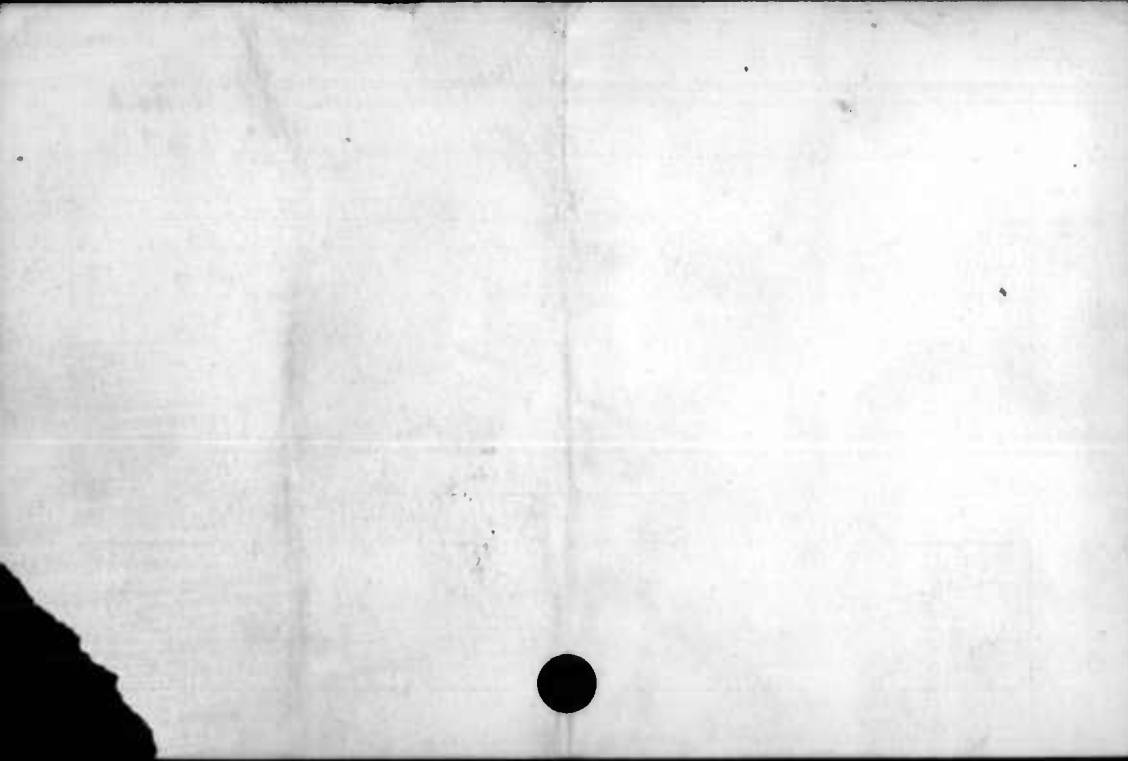
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

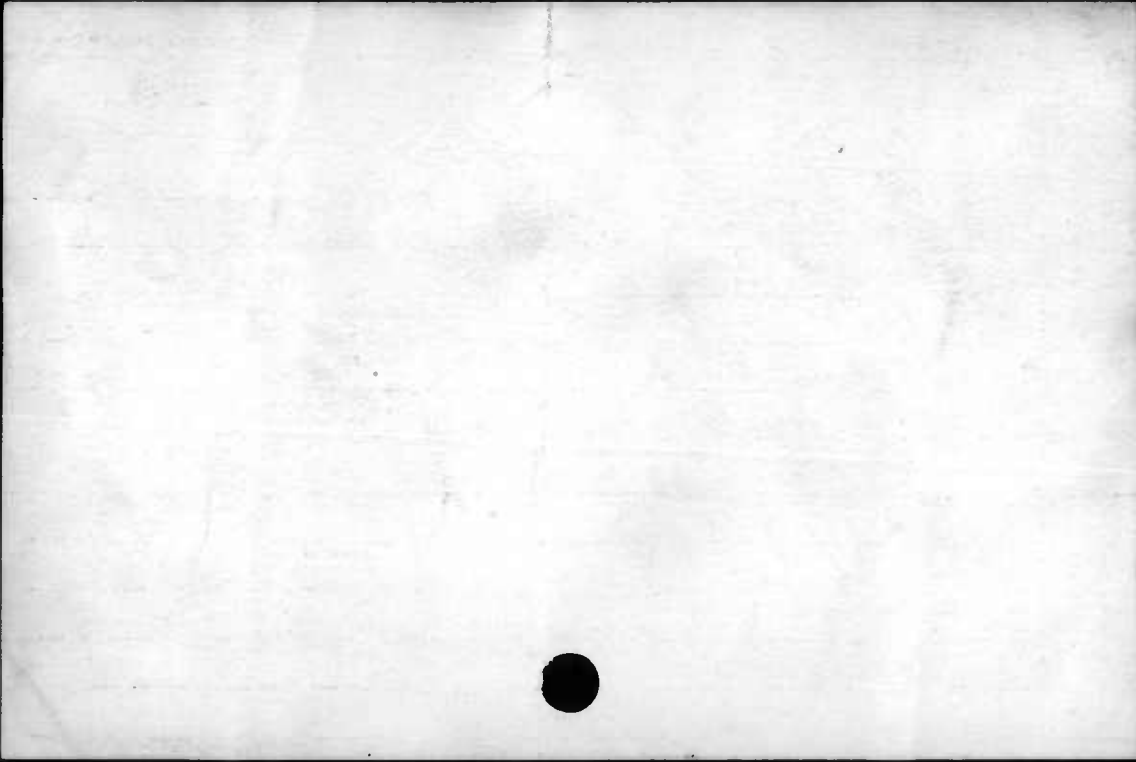
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full		Marshall				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		G.B. Town		P.G. County		MARYLAND	
	Date of death		1905	Month July	Day 11	Years	Months Days 24	
	Sex		male		Color or Race		colored	
	Birth- place		Indel					
	Occupation			Where Residing if not at place of death				
	Married, Single or Widowed		single		Name of Wife or Husband			
	Father's Name		Not known		Father's Birthplace			
	Mother's Maiden Name		Anna A. Marshall		Mother's Birthplace			
Name of person giving information		Edwin Marshall		How related to deceased		Grandfather		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Gastritis		How long			3 days
	Immediate		Exhaustion		How long			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			John A. Cox
					Address			G.B.
	Accident or Suicide?							



Name in Full		Herritt Miller				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Laurel		Pr. Georges Co.		MARYLAND.		
	Date of death	1905	Month	July	Day	18th	Age	76
	Sex	Female		Color or Race	White		Birthplace	Baltimore
	Occupation	None		Where Residing if not at place of death		Laurel		
	Married, Single or Widowed	Single		Name of Wife or Husband		-		
	Father's Name	James Miller				Father's Birthplace	Scotland	
	Mother's Maiden Name	Margaret Luntle				Mother's Birthplace	England	
	Name of person giving information	Mrs R H Sadler				How related to deceased	Sister	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Tuberculosis				How long	From Girlhood.	
	Immediate	General Failure Vital Forces				How long	3 months	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
	Accident or Suicide?		-		Laurel Md			

J. E. at
Baldwin &
Miller.

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Princeton</i> Town			<i>Prince Georges</i> County			
		Date of death <i>1905</i> Month <i>July</i> Day <i>5</i>		Age <i>80</i> Years		Months <i>—</i> Days <i>—</i>		
		Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>M.D.</i>		
		Occupation			Where Residing if not at place of death			
		Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sarah Buckley</i>				
		Father's Name <i>Marcus Hornsley</i>		Father's Birthplace <i>M.D.</i>				
PHYSICIAN OR CORONER		Mother's Maiden Name <i>Rachel Galt</i>		Mother's Birthplace <i>M.D.</i>				
		Name of person giving information <i>Sarah Miller</i>		How related to deceased <i>wife</i>				
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Rheumatism</i>		How long <i>about 4 months</i>				
		Immediate <i>Mitral Regurgitation</i>		How long <i>probably 4 months</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>		Signature of Physician <i>V. L. Perry</i>				
				Address <i>Hyattsville</i>				
		Accident or Suicide?						

Genesee County

N. Y.

Batavia

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

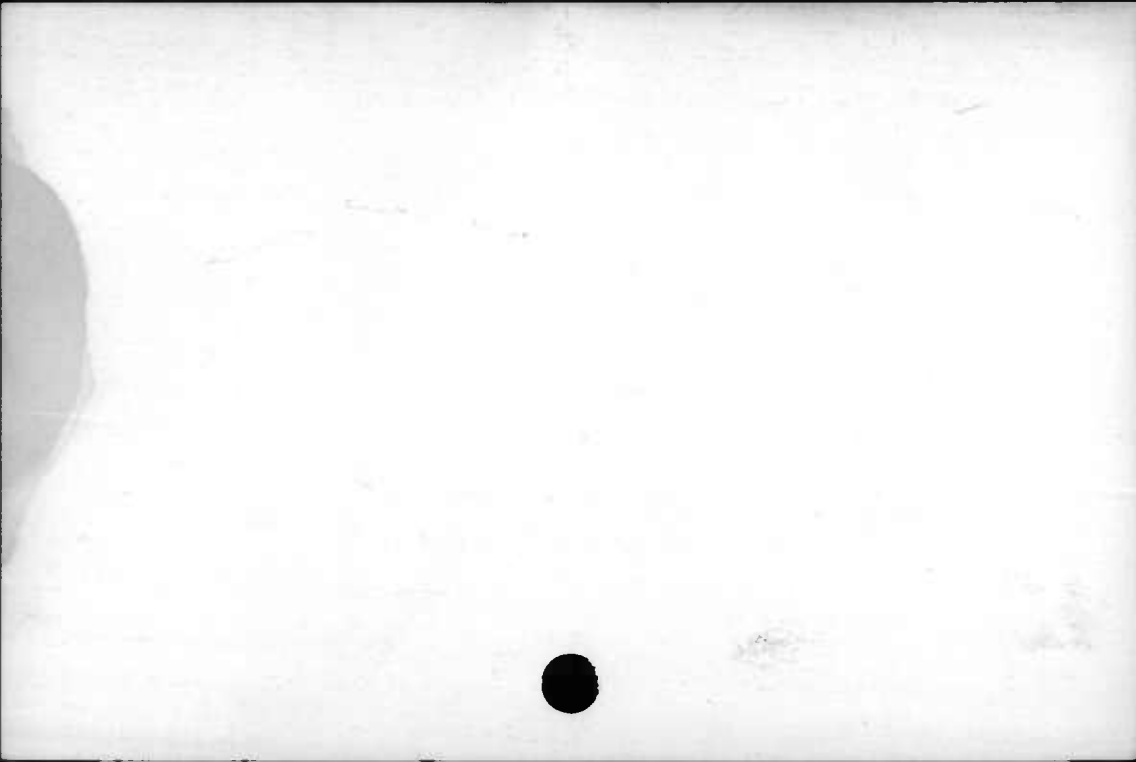
MARYLAND

Died at <u>Clinton</u> Town		<u>P.G.</u> County			
Date of death <u>1905</u>	Month <u>July</u>	Day <u>19th</u>	Years <u>Age</u>	Months <u>1</u>	Days <u>5</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>house</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Wm Miller</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Zeigler</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>W. J. A. Loc</u>		How related to deceased <u>house</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Spinal Meningitis</u>	How long <u>2 weeks</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Leary</u>
	Address <u>Clinton</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Errett Parker

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Largo

Date

of death 1905 July

Month

Day

22

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Largo

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

James H. Parker

Father's
Birthplace

P. E. G. Md

Mother's
Maiden Name

Cook

Mother's
Birthplace

P. E. G. "

Name of person giving
information

James H. Parker

How related
to deceased

Father.

CAUSES OF DEATH

Primary

Colic - I think

How long

Don't know

Immediate

I did not see it.

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

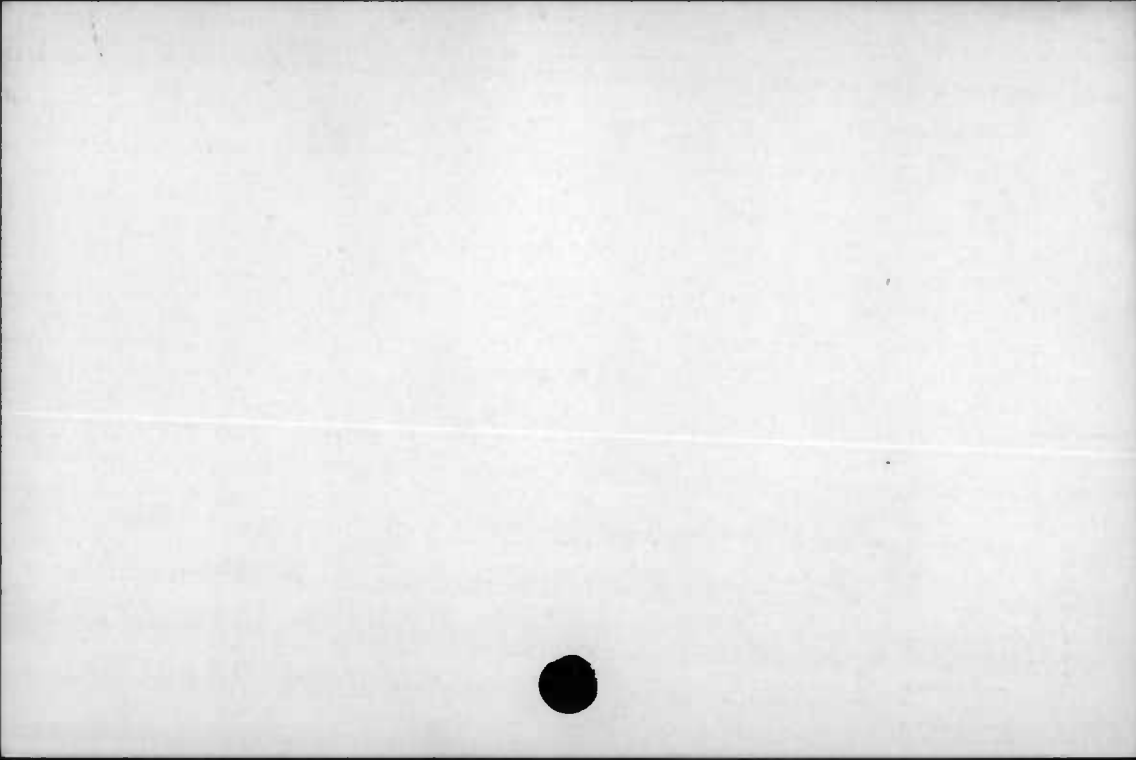
Signature of
Physician

Address

J. H. Giffen
Upper Marlboro
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sarah Catherine Parker

CERTIFICATE OF DEATH

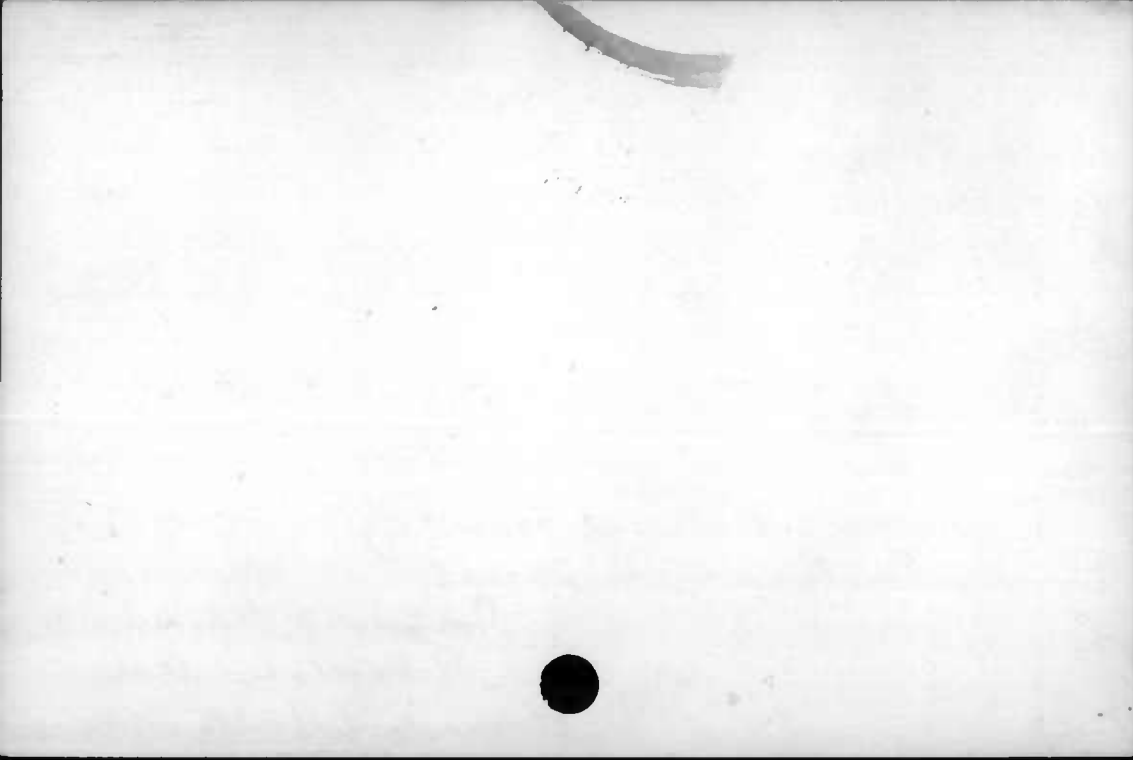
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Moulton</i>		^{County} <i>P. Geo</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>7</i>	Day <i>24</i>	Age <i>19</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Thomas Parker</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Sarah Wices</i>			Mother's Birthplace <i>Calvert Co.</i>		
Name of person giving information <i>Thomas S Parker</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 months</i>
Immediate <i>Rupture of intestine</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Reuben S. Sweeney</i>
	Address <i>Upper Moulton</i>
Accident or Suicide?	<i>yes</i>



Name
in
Full

Ward E Perriego

CERTIFICATE OF DEATH

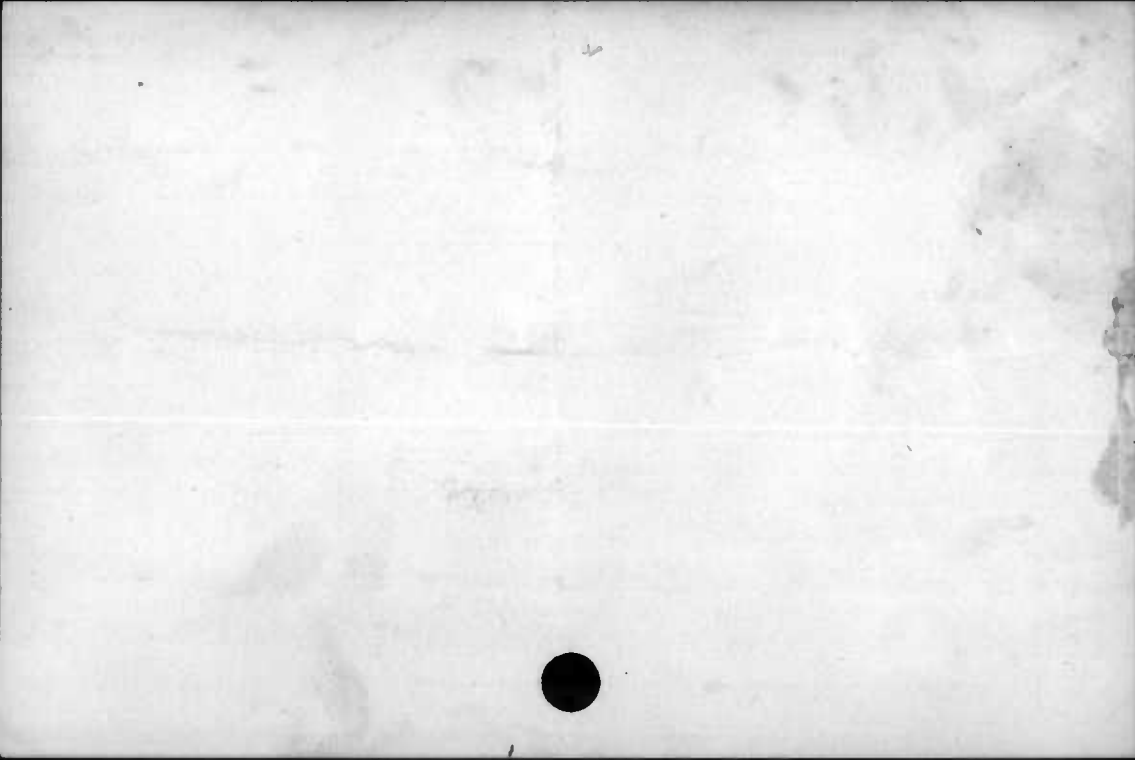
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Riverdale</i> ^{Town} <i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>July</i> ^{Day} <i>27</i> ^{Years} <i>31</i>	Age <i>31</i>		^{Months} <i>0</i> ^{Days} <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Michigan</i>	
Occupation <i>Strongman</i>	Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Lucie E. Tolson</i>		
Father's Name <i>Juan E.</i>	Father's Birthplace <i>96 Y</i>		
Mother's Maiden Name <i>Elida Truller</i>	Mother's Birthplace <i>96 Y</i>		
Name of person giving information <i>Ward E. Perriego</i>	How related to deceased <i>son</i>		

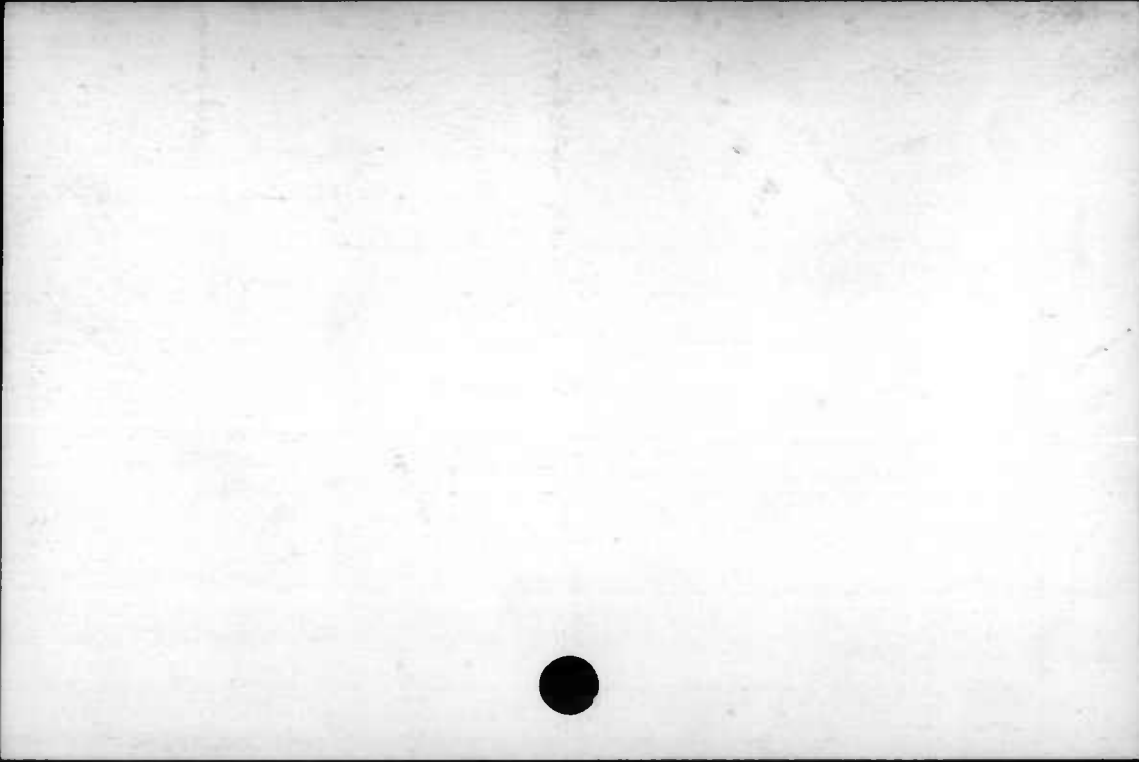
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typho: Malarial Fever</i>	How long <i>14 days</i>
Immediate <i>Paralysis of the Heart</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joseph H. Gardner M.D.</i>
	Address <i>Riverdale Md</i>
Accident or Suicide? <i>No</i>	<i>Formerly of Balto Md.</i>



Name in Full		John Francis Pinkney				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND		
	Date of death		Month	Day	Age	Years	Months	Days	
	1905		7	24			1	0	
	Sex		Color or Race		Birth-place				
	Male		Black		Forestville				
	Occupation		Where Residing if not at place of death						
	None								
	Married, Single or Widowed		Name of Wife or Husband						
Father's Name		Bryan Pinkney				Father's Birthplace		MD	
Mother's Maiden Name		Carrie Benson				Mother's Birthplace		MD	
Name of person giving information		Frank Pinkney				How related to deceased		Grand-father	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Mal Nutrition				How long		Since birth
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		No Physician in attendance				
			Address		John E. Sanborn				
	Accident or Suicide?				Health Officer				



Name
in
Full

Thomas G. Procter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towmshead</i>		P.O. <i>P.O.</i>		County		MARYLAND	
Date of death		Month <i>July</i>		Day <i>8</i>		Years <i>13 -</i>		Months <i></i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>md</i>		Occupation <i>laborer</i>		Where Residing if not at place of death <i></i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>		Father's Name <i>Marcellus Procter</i>		Father's Birthplace <i>md</i>		Mother's Maiden Name <i>Elizabeth Procter</i>	
Name of person giving information <i>Fal. Procter</i>		How related to deceased <i>uncle</i>		Mother's Birthplace <i>md</i>		Name of person giving information <i>Fal. Procter</i>		How related to deceased <i>uncle</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid</i>		How long <i>2 weeks</i>	
Immediate <i>Coma</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John A. Cor</i>	
		Address <i>713</i>	
Accident or Suicide? <i></i>		<i>md</i>	



Name
in
Full

Annie Randal

CERTIFICATE OF DEATH

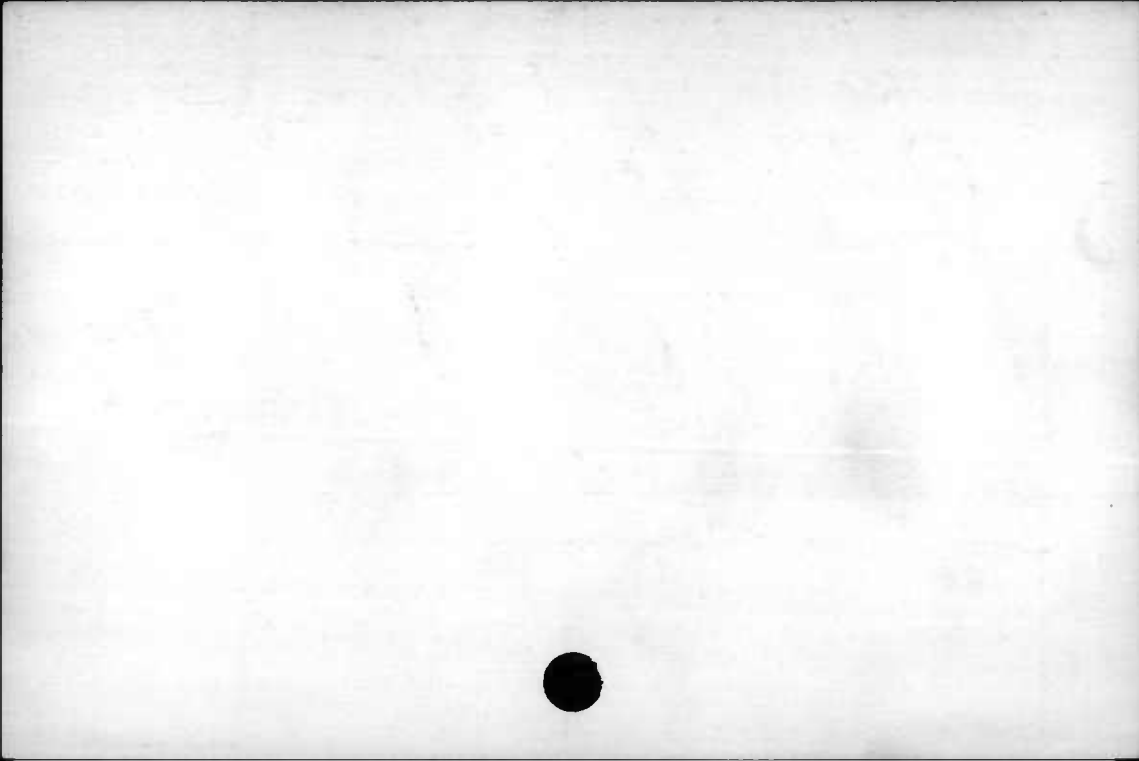
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Bowie		Prince George		MARYLAND	
Date of death		1905	Month	July	Day	20 th	Years
Age		36		Months		4	
Sex		Female		Color or Race		Colored	
Birth-place		Maryland					
Occupation				Where Residing if not at place of death			
House Keeper							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Thomas Randal				Father's Birthplace	
Mother's Maiden Name		Harriet Stewart				Mother's Birthplace	
Name of person giving information		R. S. Randal				How related to deceased	
		Brother					

CAUSES OF DEATH

Primary		Nephritis		How long		5 months	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
				Address			
				Bowie			
Accident or Suicide?		No		ma			

PHYSICIAN
OR CORONER



Name
in
Full

Sarah Randall

CERTIFICATE OF DEATH

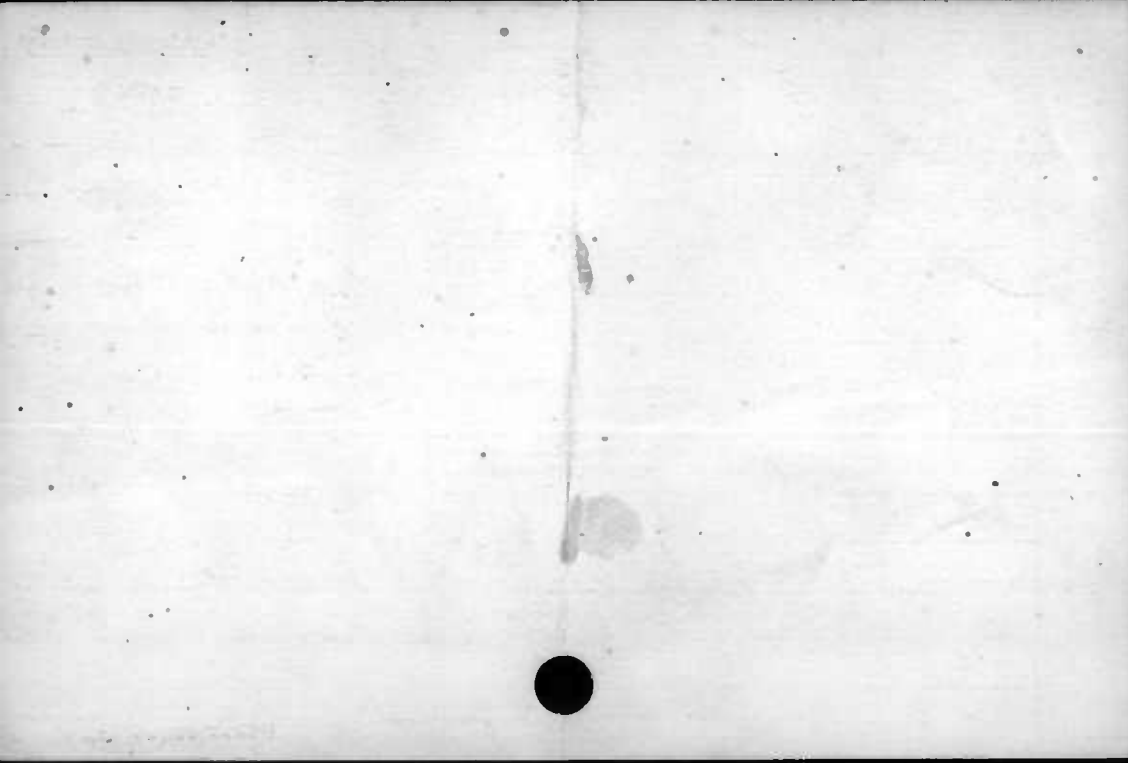
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Berwyn</i>		County <i>Prince George</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>7</i>	Years <i>23-</i>	Months <i>7</i>	Days <i>20</i>	
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife Husband	<i>George Randall</i>			
Father's Name	<i>Benjamin Hicks</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Annie B. Ray</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>George Randall</i>				How related to deceased	<i>Husband</i>	

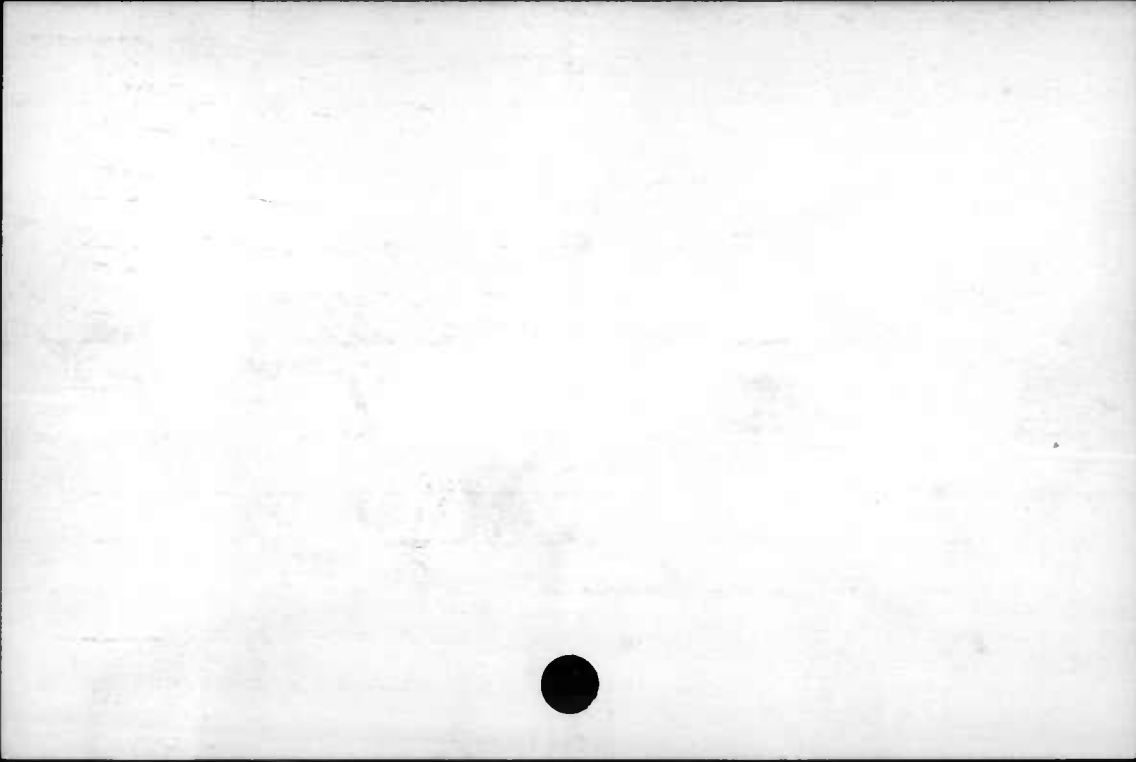
CAUSES OF DEATH

PHYSICIAN
OR CORONER

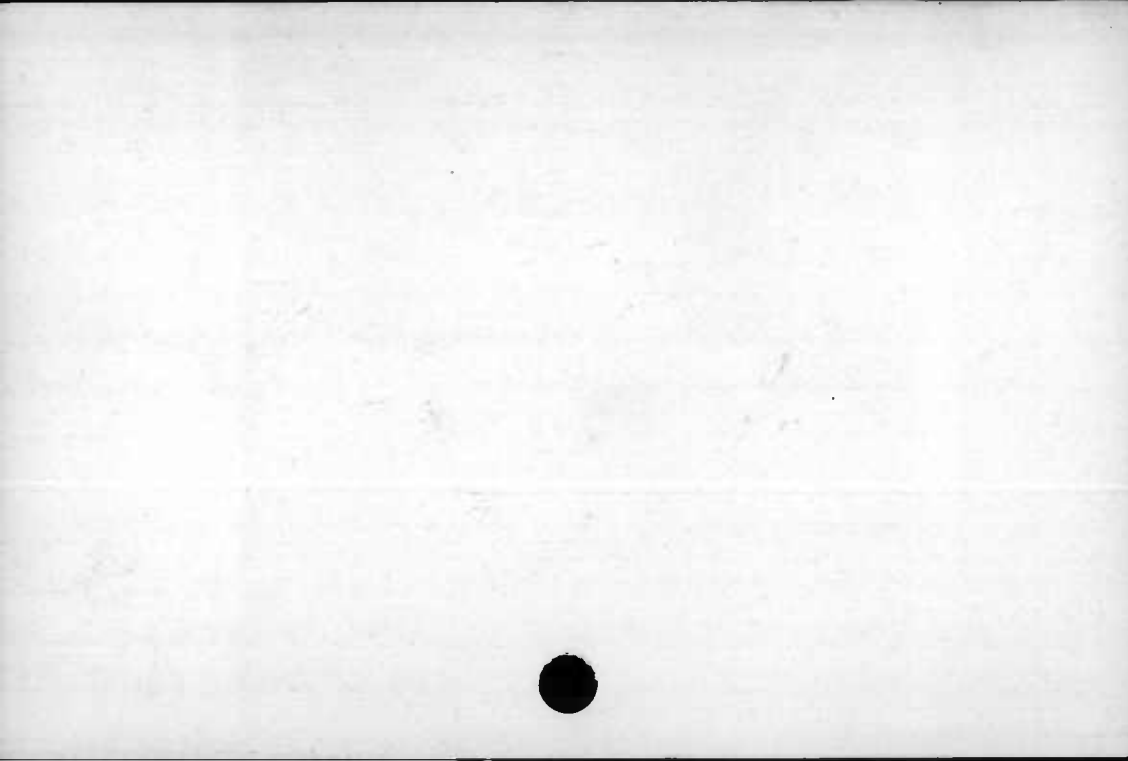
Primary	<i>Puerperal Sepsis following her confinement by a Colored midwife</i>		How long	<i>10 days</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>A. Etienne</i>
			Address	<i>Berwyn. Md</i>
Accident or Suicide?				



Name in Full		Still Born				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at	Forestville		P. G. County		MARYLAND				
	Date of death	1905	July	5	Age	—	Months	—	Days	—
	Sex	—		Color or Race	White		Birth-place	Forestville		
	Occupation	—			Where Residing if not at place of death					
	Married, Single or Widowed	—			Name of Wife or Husband					
	Father's Name	George Rawlings				Father's Birthplace	Md			
	Mother's Maiden Name	Vettie Farrell				Mother's Birthplace	Md.			
Name of person giving information	George Rawlings				How related to deceased	Father				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary	Still Born				How long	—			
	Immediate	—				How long	—			
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	John E. Sansbury M.D.			
						Address	Forestville Md			
Accident or Suicide?										



Name in Full		William Remrose				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County	MARYLAND		
	Date of death		Month	Day	Years	Months	Days
	1905		7	14	Age	3	—
	Sex		Color or Race		Birth-place		
	Male		White		Md.		
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Joseph J. Remrose				Father's Birthplace	
Mother's Maiden Name		Ella Kerr				Mother's Birthplace	
Name of person giving information		J. J. Remrose				How related to deceased	
		Father					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Gastritis				How long
	Immediate		Dysentery				5 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Fiscatanway, Md.		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Addie L. Richardson

Died at ^{Town} near Upper Marlboro ^{County} P.G.

MARYLAND

Date of death 1905 ^{Month} 7 ^{Day} 5 Age ^{Years} 1 ^{Months} 10 ^{Days} 10

Sex Female Color or Race Black Birth-place P.G. Co.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name

John T. Richardson

Father's Birthplace

P.G. Co.

Mother's Maiden Name

Julia Marshall

Mother's Birthplace

P.G. Co.

Name of person giving information

John T. Richardson

How related to deceased

Father

CAUSES OF DEATH

Primary

Don't Know

How long

Immediate

Don't Know

How long

Are the name, age, sex, color, date and place correctly given above?

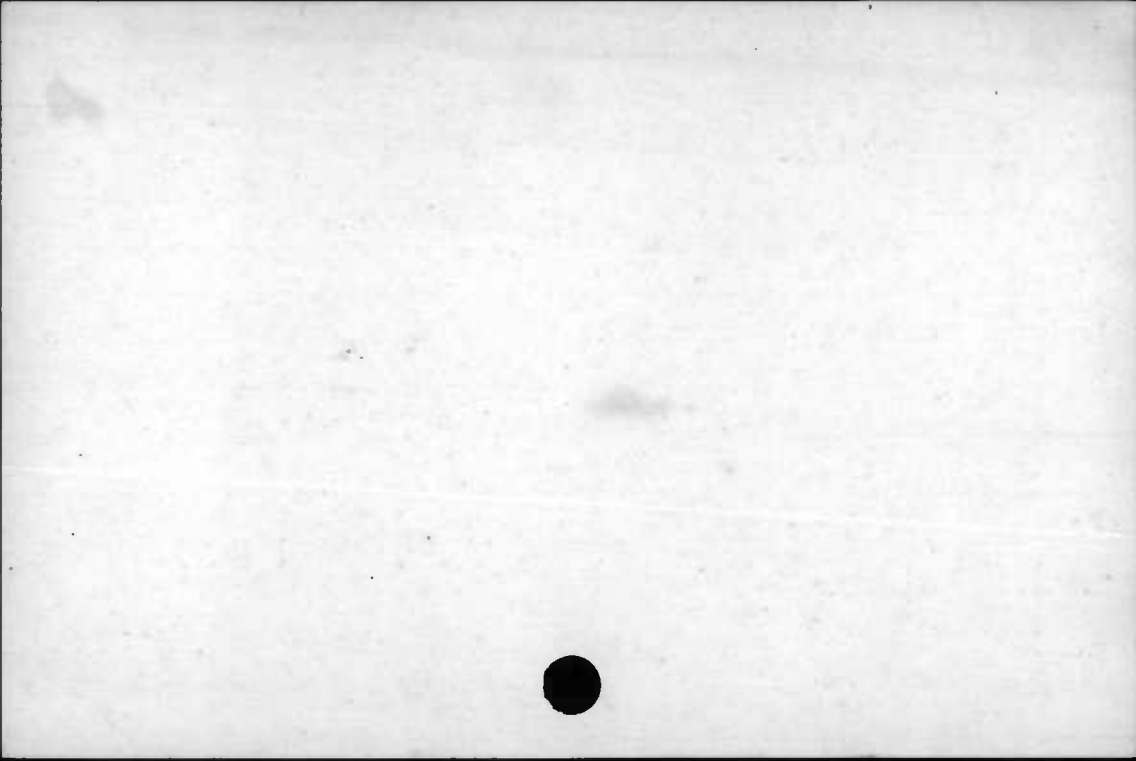
Signature of Physician

Address

John T. Richardson
Upper Marlboro Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Frank A. Robinson

CERTIFICATE OF DEATH

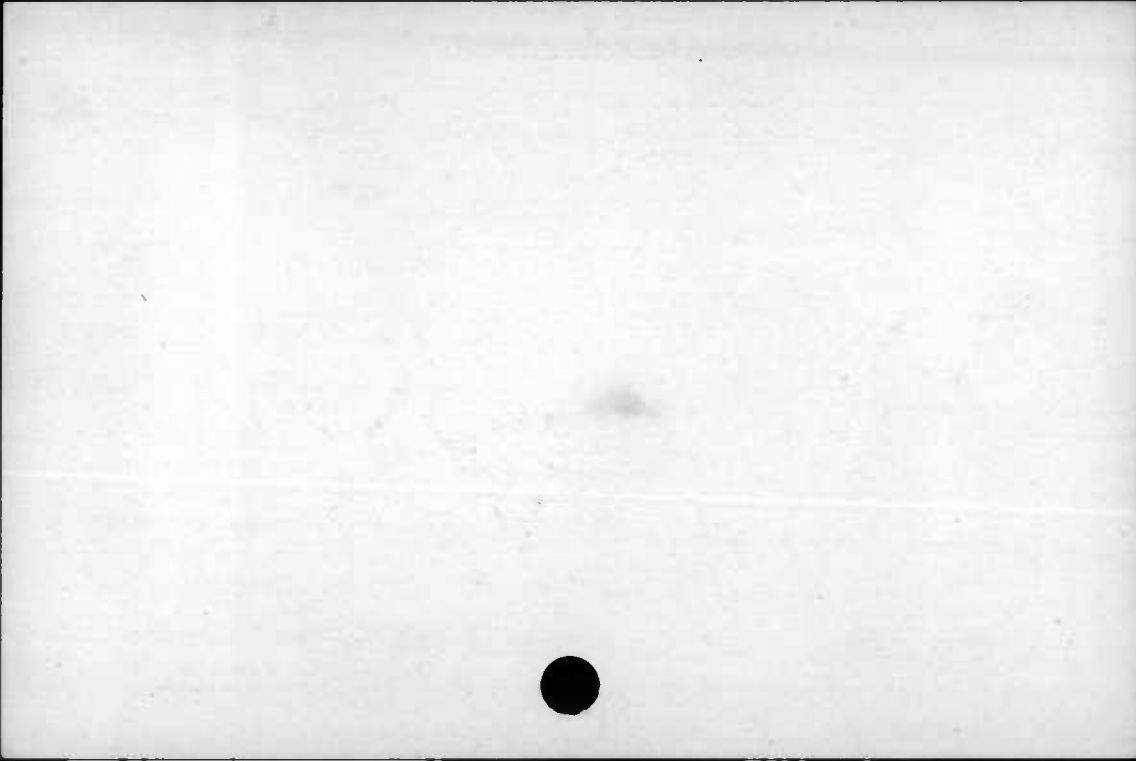
TO BE ANSWERED BY
NEAREST FRIEND

Died at IB Town		Pr. Gro County		MARYLAND	
Date of death 1905	Month 7	Day 15	Age 68 about	Months	Days
Sex male	Color or Race white	Birth-place Ind			
Occupation farmer		Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Thos. W. Robinson	Father's Birthplace Ind		Mother's Birthplace Ind		
Mother's Maiden Name Elizabeth Richards	How related to deceased Nephew		Name of person giving information Ernest Robinson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Disease of stomach	How long	2 years
Immediate	abscess causing exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John A. Carr	
		Address IB.	
Accident or Suicide?		Ind	



Name
in
FullEmily Ross
Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at
Bowie

Town

Prince George

County

MARYLAND

Date
of death 1905

Month

July

Day

20

Age

Years

90

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Maryland

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Y. Ross

Father's
Name

Dont know

Father's
Birthplace

Dont know

Mother's
Maiden Name

Dont know

Mother's
Birthplace

Dont know

Name of person giving
In formation

Solomon Ross

How related
to deceased

Son.

CAUSES OF DEATH

Primary

Old age.

How long

about 6 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Nelson A. Ry on md

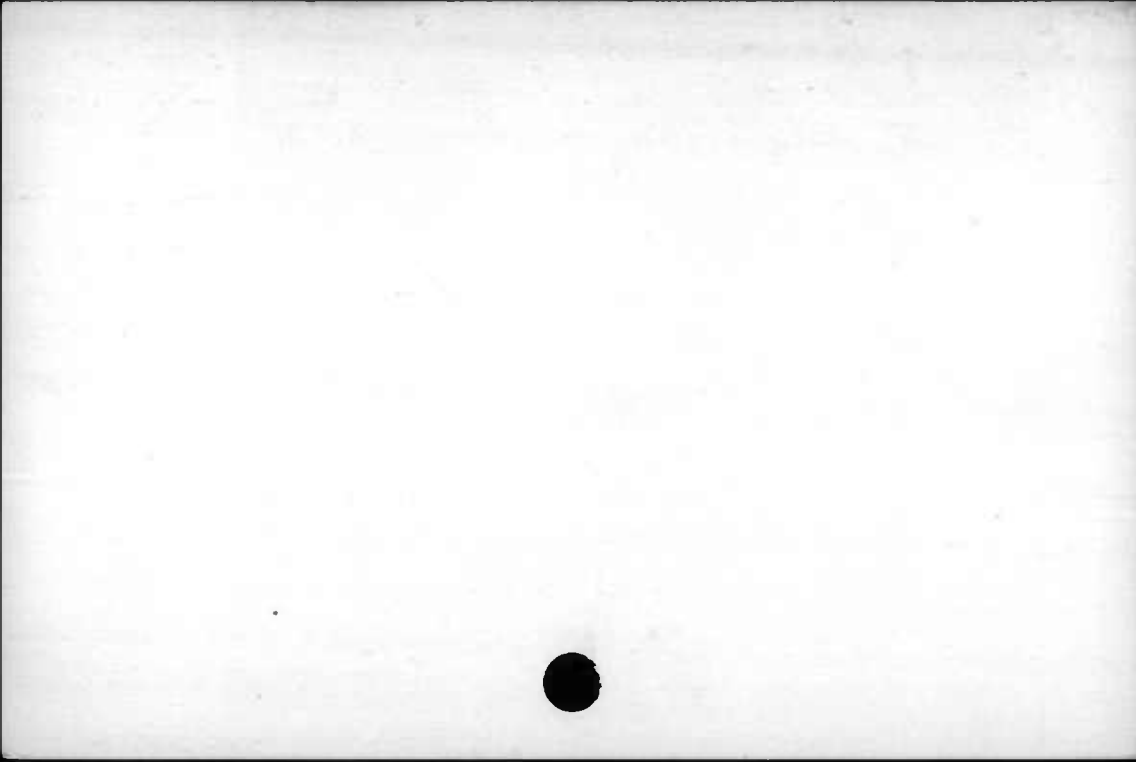
Bowie

Accident or Suicide?

no

md

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

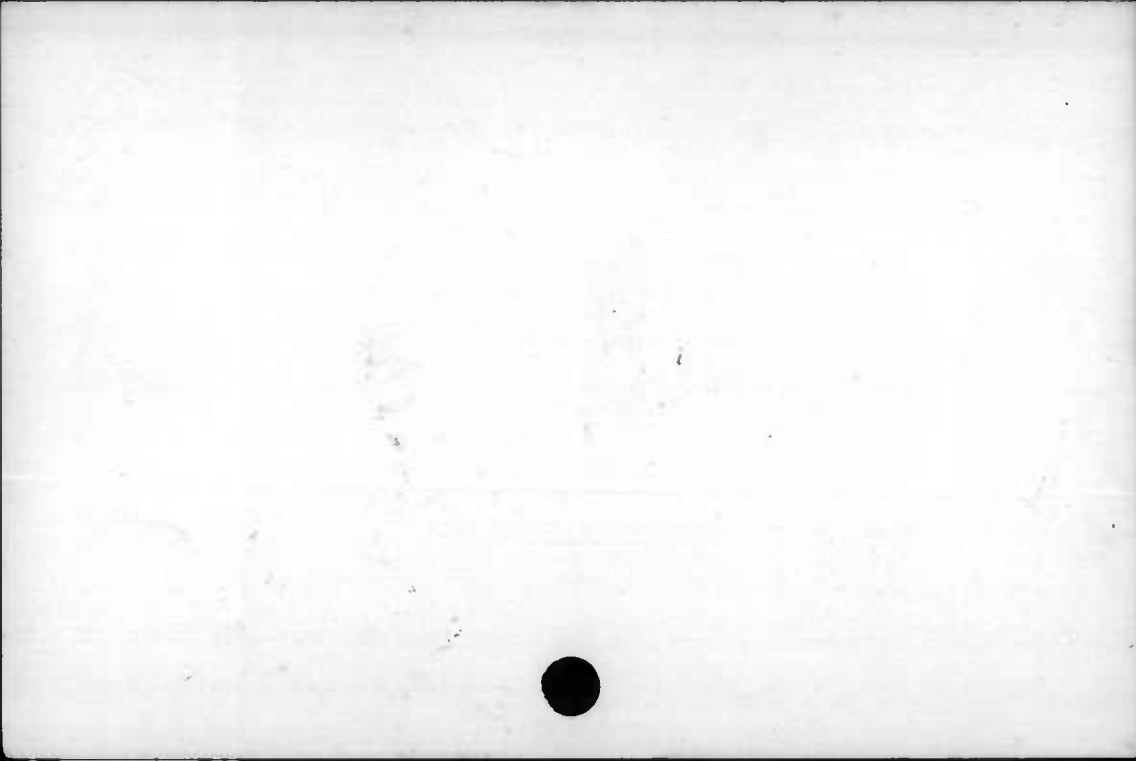
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Edith Lodgwich</i>		Town <i>Marengo</i>		County <i>P. Geo.</i>		MARYLAND	
Died at <i>Marengo</i>		Date of death <i>1905 July 6</i>		Age <i>17</i>		Months <i>6</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Upper Marlboro Md</i>			
Occupation <i>House keeper</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm F. Lodgwich</i>		Father's Birthplace <i>Balto.</i>					
Mother's Maiden Name <i>Green</i>		Mother's Birthplace <i>Balto.</i>					
Name of person giving information <i>W F Lodgwich</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lymphoid pneumonia</i>	How long <i>8 wks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. L. Hiffel</i>
	Address <i>Upper Marlboro Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

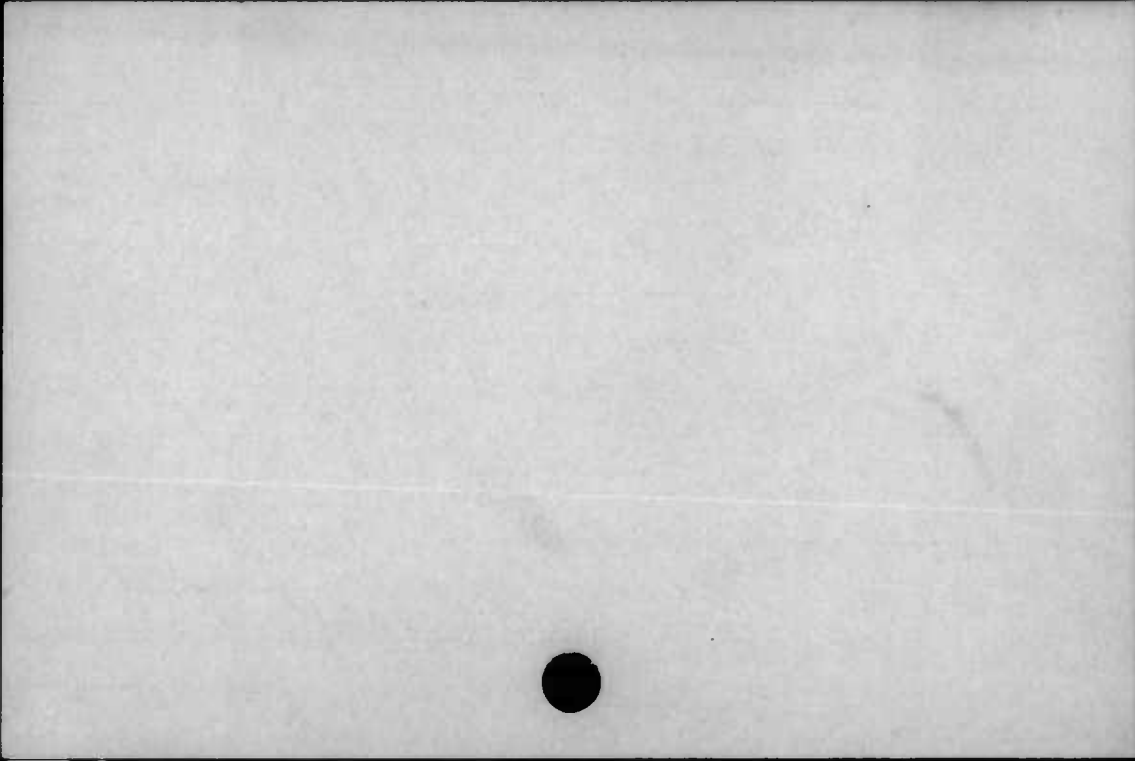
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Bowie</i>		County <i>Prince George</i>		MARYLAND	
Date of death	1905	Month	<i>July</i>	Day	<i>First</i>	Age	<i>66</i>
Sex		<i>Male</i>		Color or Race		<i>White</i>	
Occupation		<i>Plasterer</i>		Where Residing if not at place of death		<i>Bowie</i>	
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband		<i>Augusta</i>	
Father's Name		<i>Henry Seitz</i>		Father's Birthplace		<i>Germany</i>	
Mother's Maiden Name		<i>Augusta Heiland</i>		Mother's Birthplace		<i>" "</i>	
Name of person giving information		<i>L. G. Seitz</i>		How related to deceased		<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	<i>10</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>10</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>M. Carroll M.D.</i>	
		<i>Springfield Md.</i>	
Accident or Suicide?			



Name
in
Full

John Simms

CERTIFICATE OF DEATH

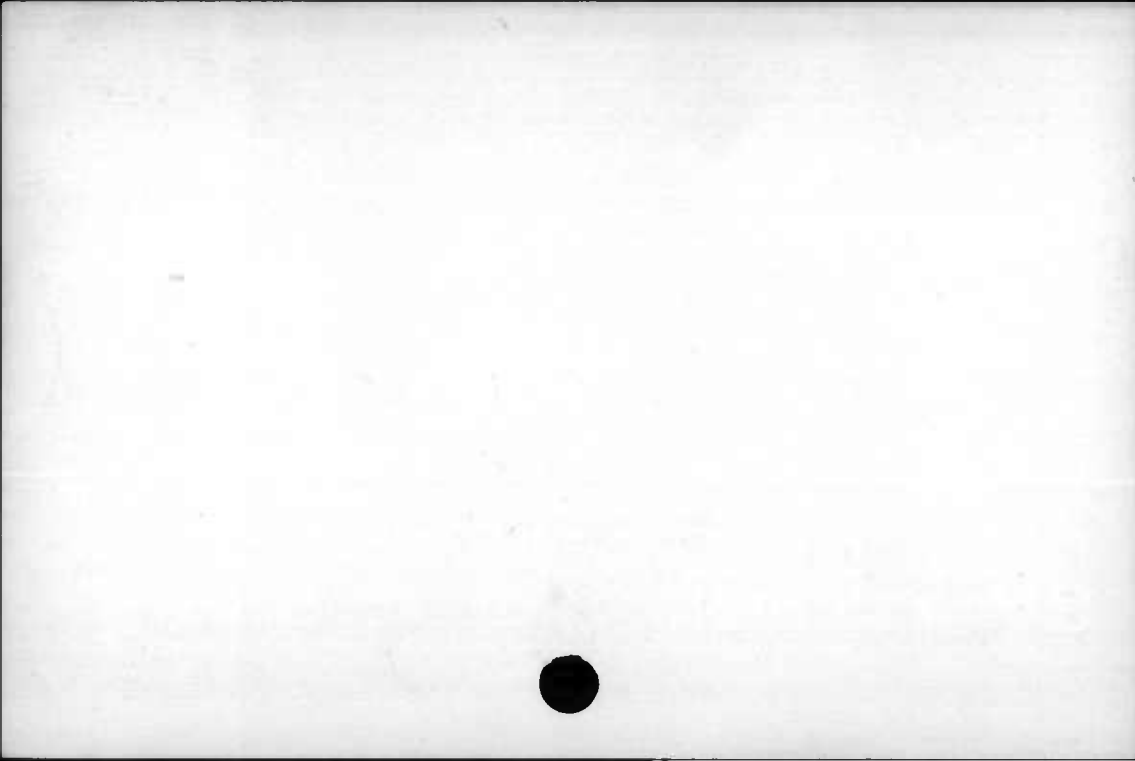
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Crown Sta</u> ^{Town}		<u>Or Geo</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>9</u>	Age <u>1</u>	Years	Months <u>1</u>
Sex <u>Male</u>	Color or Race <u>Yellow</u>		Birth-place <u>Crown Sta Md</u>		
Occupation <u>1</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name <u>Rosie Simms</u>			Mother's Birthplace <u>not</u>		
Name of person giving information <u>Robert Simms</u>			How related to deceased <u>grandfather</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Supposed Summer Camp Camp</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. H. Adams</u>
		Address <u>Crown Sta Md</u>
Accident or Suicide? <u>✓</u>		



Name
in
Full

Annie Smith

CERTIFICATE OF DEATH

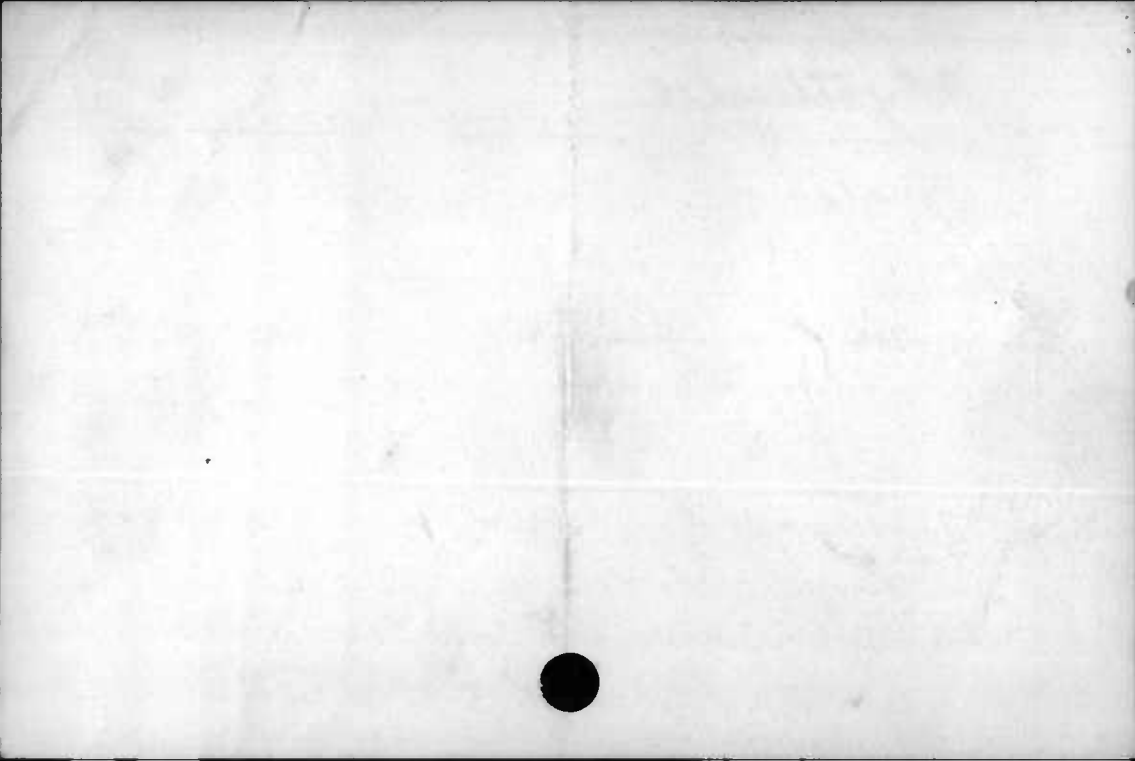
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brentwood</i>		Town <i>Pr. Geo</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>28</i>	Age <i>4 years</i>	Months	Days		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Brentwood Md</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Arthur Smith</i>			Father's Birthplace <i>Washington D.C</i>				
Mother's Maiden Name <i>Minnie</i>			Mother's Birthplace <i>D.C</i>				
Name of person giving information <i>J.C. Ohlendorf M.D.</i>			How related to deceased <i>none</i>				

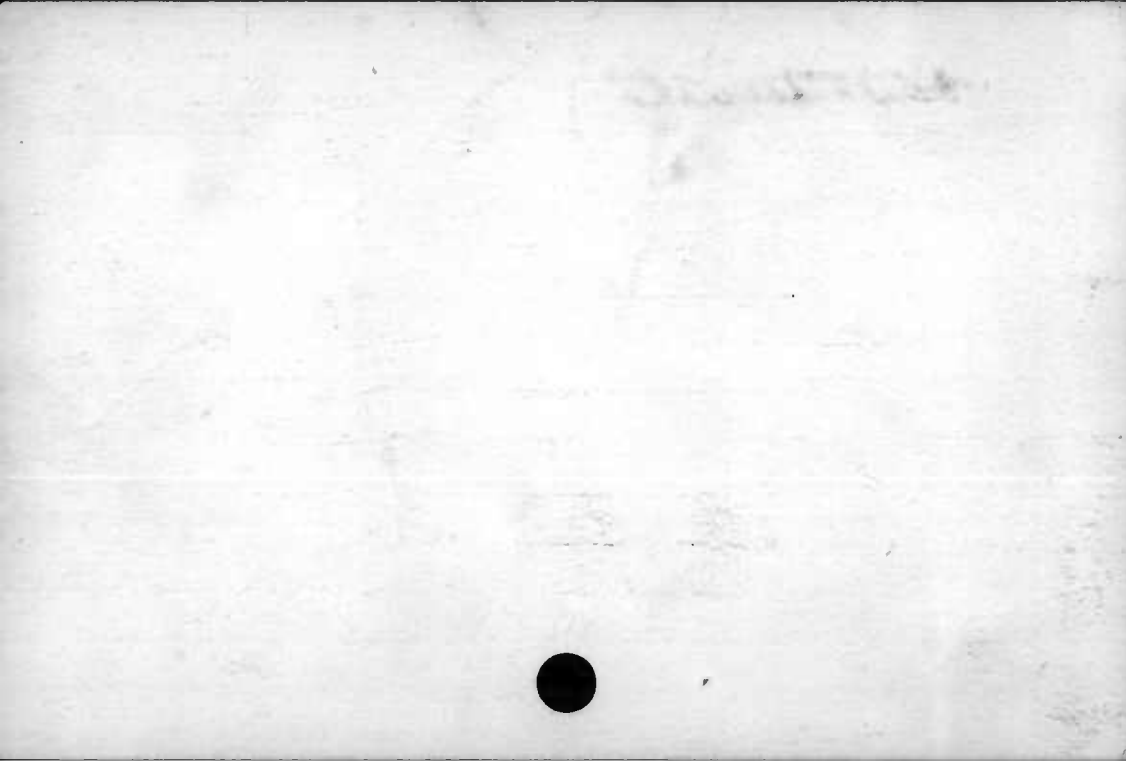
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	} <i>asphyxiation</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J.C. Ohlendorf M.D.</i>
		Address <i>Brentwood Md.</i>
Accident or Suicide?		



Name in Full Hilton H. Smith		County Prince George		CERTIFICATE OF DEATH	
Died at Hyattsville		State MARYLAND			
Date of death 1906 July 2		Age 3		Months 3	
Sex Male		Color or Race white		Birth-place M. D.	
Occupation 		Where Residing if not at place of death 			
Married, Single or Widowed 		Name of Wife or Husband 			
Father's Name Moses Smith		Father's Birthplace M. D.			
Mother's Maiden Name Clara Harvey		Mother's Birthplace M. D.			
Name of person giving information Moses Smith		How related to deceased Father			
CAUSES OF DEATH					
Primary Enterocolitis		100		How long about one month	
Immediate Exhaustion				How long 	
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician J. A. Richardson			
		Address Hyattsville Md.			
Accident or Suicide? 					



Name
in
Full

CERTIFICATE OF DEATH

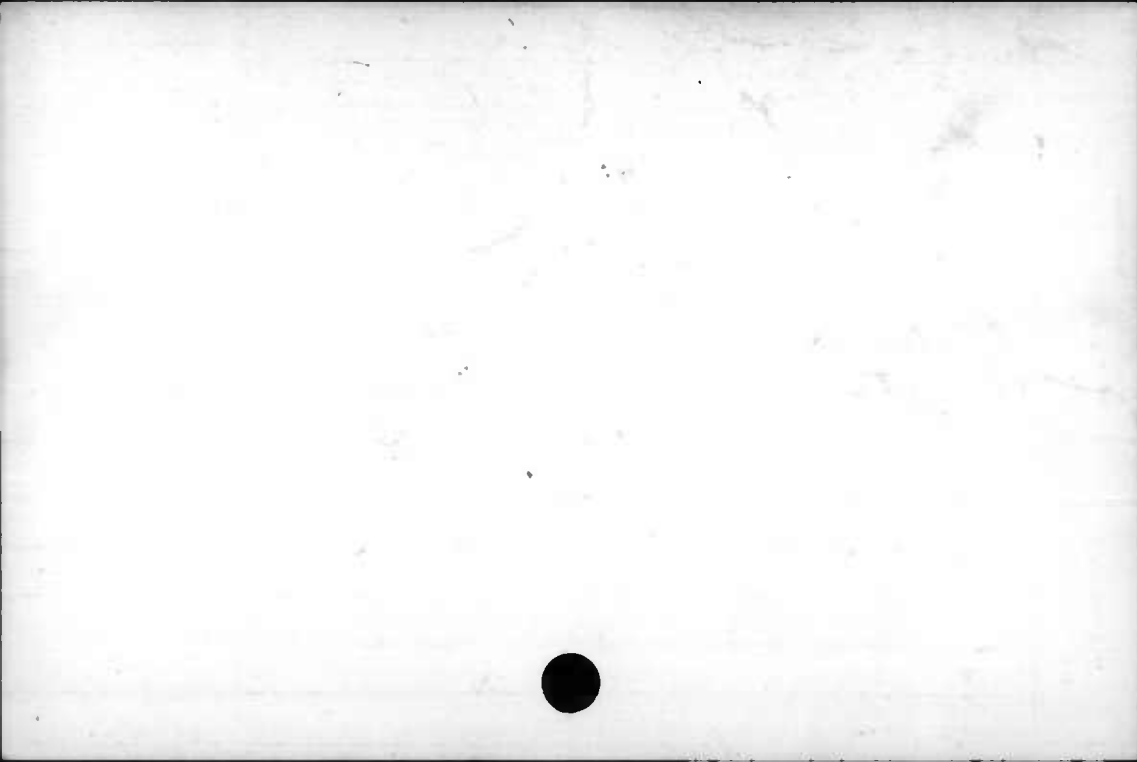
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>C. Springs</i> ^{Town}		<i>P. G.</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>July</i>	Day	Age <i>—</i>	Months <i>5</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed		Occupation <i>None</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas A. Lopez</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Florence Lopez</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Allie Lopez</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>C. Spinal Meningitis</i>	How long <i>5 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Cooney</i>
	Address <i>—</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lizzie Spriggs

Town *Westphalia* County *Pr. Geo.*

Died at *Westphalia*

Date of death *1905* Month *July* Day *3* Age *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *—*

Occupation *Don't know* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Henry Spriggs Jr*

Father's Name *Charles Herbert* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Gabriel Diggs* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

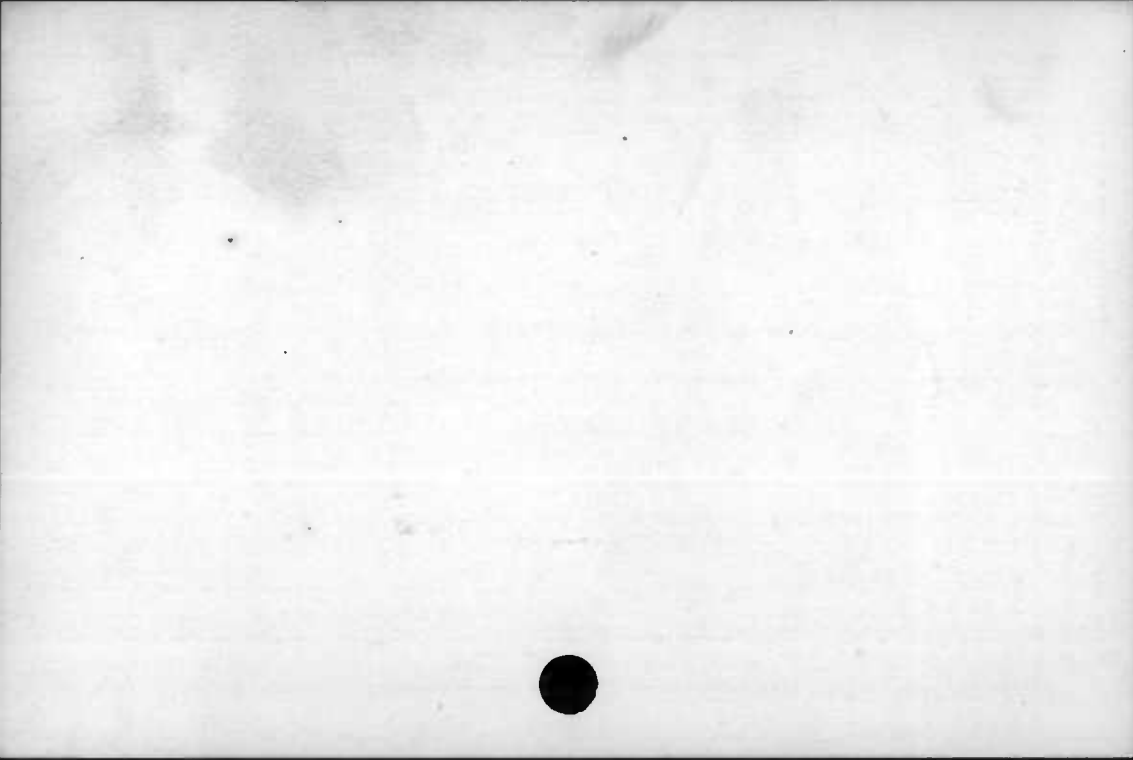
Primary *Valvular disease of heart* How long *Don't know*

Immediate *Don't know* How long *Don't know*

Are the name, age, sex, color, date and place correctly given above? *Don't know* Signature of Physician *L. A. Giffith*

Saw the patient Address *Marlboro road*

Accident or Suicide? *was about 3 weeks ago*



Name
In
Full

CERTIFICATE OF DEATH

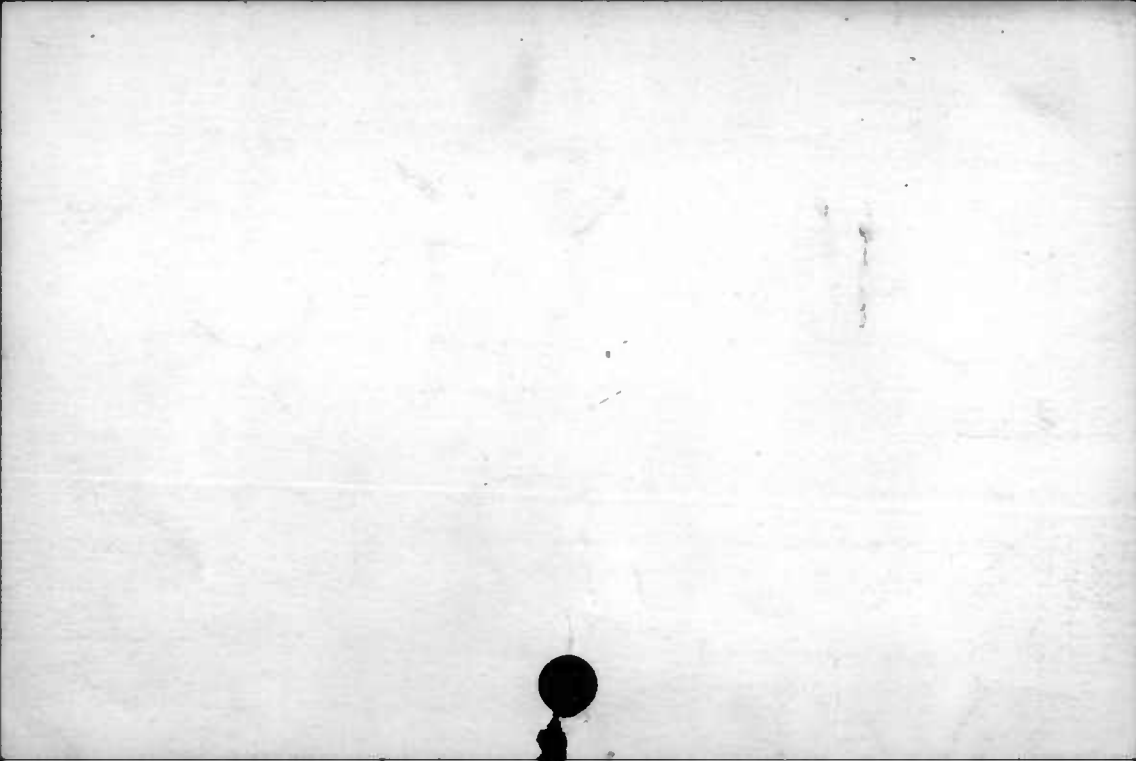
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Matthew Tierney</i>		Town <i>Hyattsville</i>		County <i>Prince Geo.</i>		STATE MARYLAND	
Died at <i>Hyattsville</i>		Date of death <i>1906</i>		Age <i>46</i>		Months <i>-</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>		Days <i>-</i>	
Occupation <i>clerk in Pension office</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Annie Howell</i>					
Father's Name <i>Matthew Tierney</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Bridgett Cullane</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Annie Howell</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>several years</i>
Immediate <i>apoplexy</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. P. Perry</i>
	Address <i>Hyattsville Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

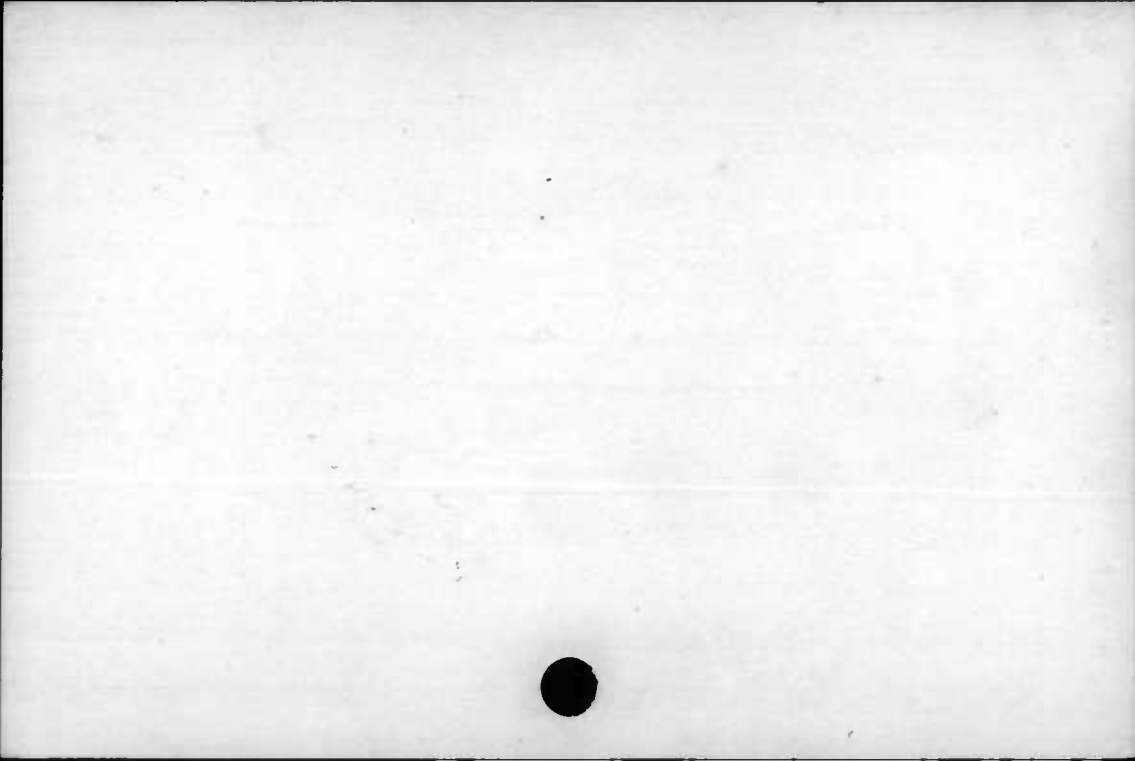
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Joseph Tilch</i>		Town <i>Broad Creek.</i>		County <i>Pr. Geo.</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>7</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>5</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>—</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph Tilch</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Suna Stein</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Joseph Tilch</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>24 hrs</i>
Immediate <i>Toxemia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O.P. Simpson M.D.</i>
	Address <i>Rosecroft Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Upper Marlbow^{County} P. G.

MARYLAND

Date of death 1905

Month 7

Day 26

Age

Years

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

P. G. Co

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name

Alberta Tolson

Mother's
Birthplace

P. G. Co

Name of person giving
Information

Gassaway Tolson

How related
to deceased

Grandfather

CAUSES OF DEATH

Primary

Don't Know

How long

Immediate

"

"

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

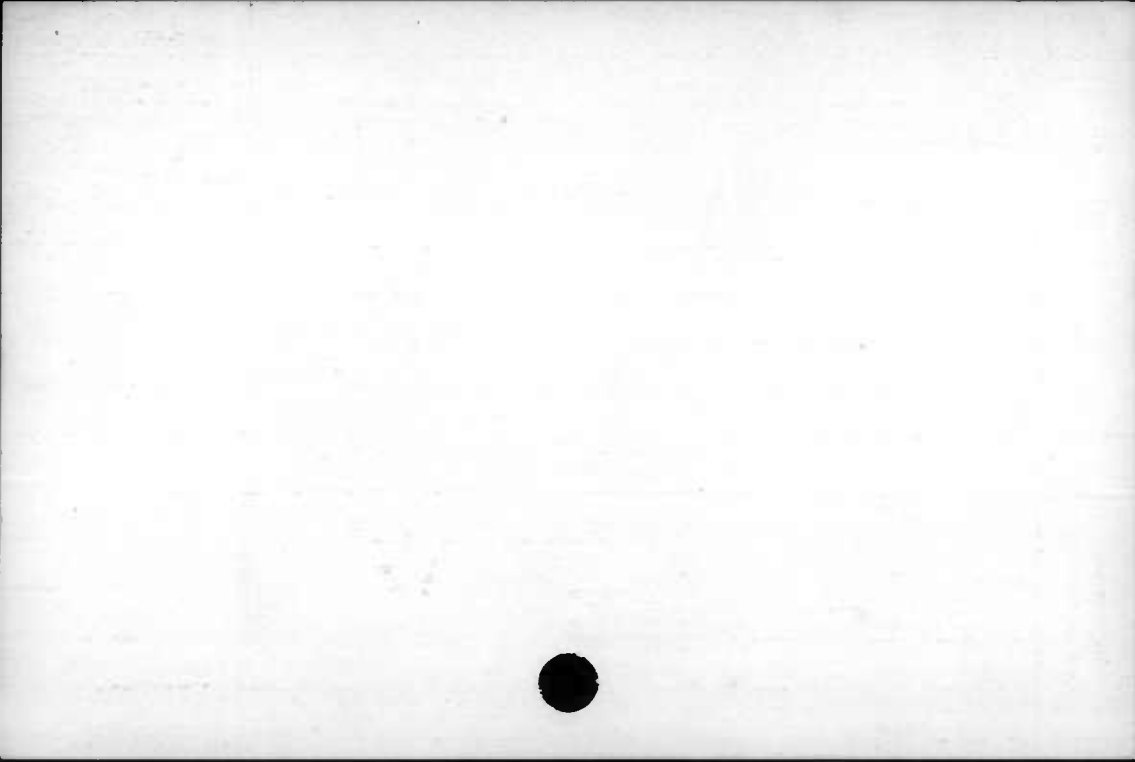
Gassaway Tolson

Address

Upper Marlbow Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Silvester Turner

CERTIFICATE OF DEATH

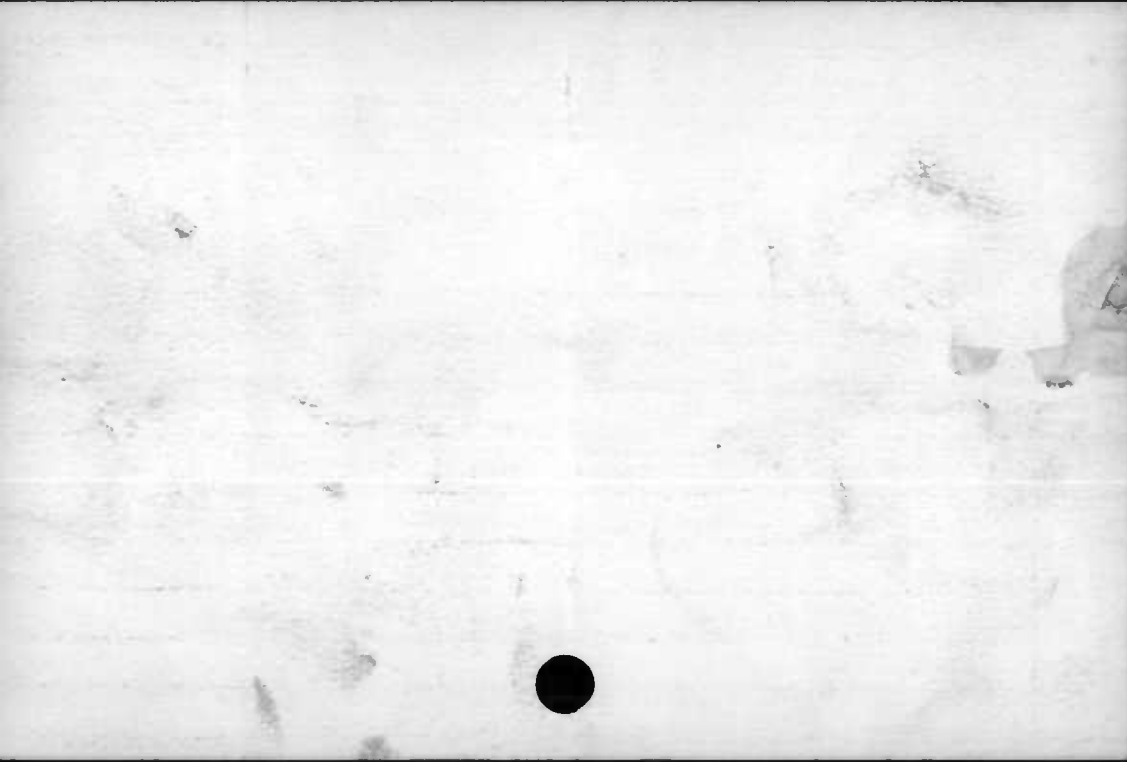
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lakeland</i>		County <i>Prince George</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>23</i>	Age <i>1</i>		Years <i>1</i>	Months <i>2</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>College Park</i>			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>James Turner</i>				Father's Birthplace <i>N. Carolina</i>			
Mother's Maiden Name <i>Liza Douglas</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>James Turner</i>				How related to deceased <i>Taught</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long <i>2 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		
<i>Yes</i>		Signature of Physician <i>W. H. Stennil</i>
		Address <i>Perroyn Md.</i>
Accident or Suicide?		<i>John T. Birch, Coroner</i>



Name
in
Full

CERTIFICATE OF DEATH

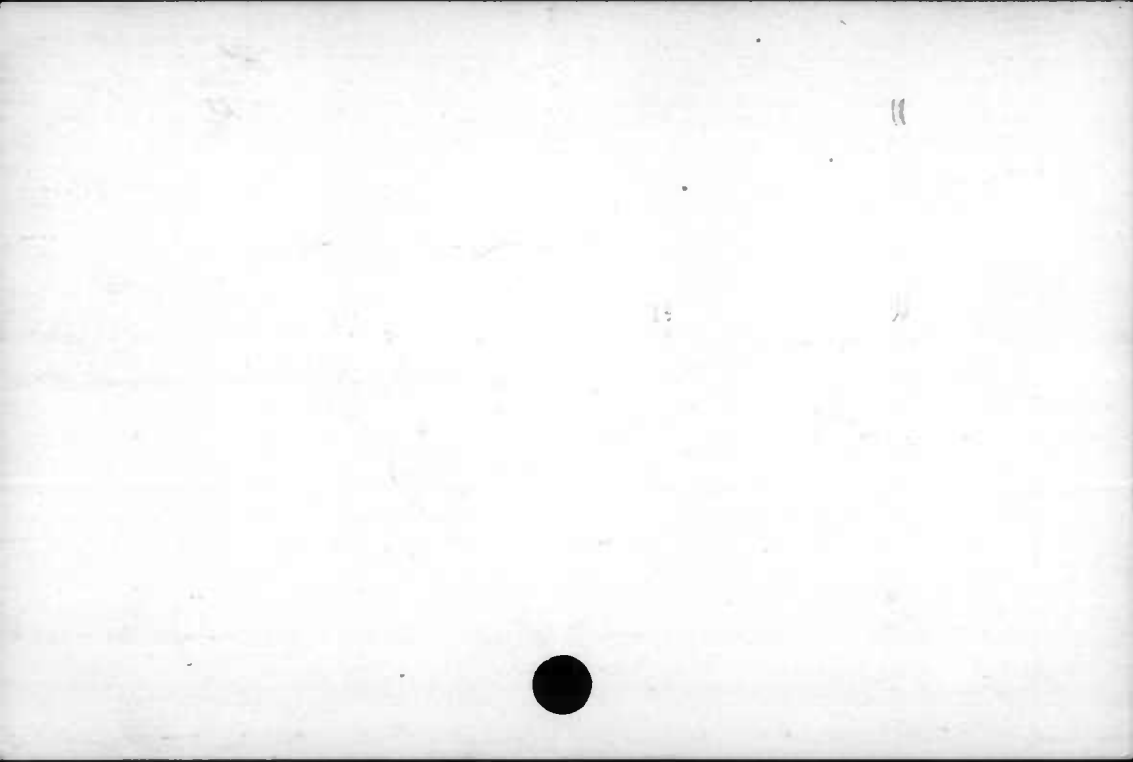
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Silver Hill</i> <small>Town</small>		<i>P. Es</i> <small>County</small>		MARYLAND	
Date of death <i>1904</i> <small>Month</small> <i>7</i> <small>Day</small> <i>27</i>		Age <i>—</i> <small>Years</small>		<i>—</i> <small>Months</small> <i>11</i> <small>Days</small>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Silver Hill</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>George Tyler</i>		Father's Birthplace <i>Wash. D.C.</i>			
Mother's Maiden Name <i>Eva Cage</i>		Mother's Birthplace <i>md.</i>			
Name of person giving information <i>George Tyler</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mal Nutrition</i>	How long <i>Since birth</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>None in attendance</i>
	Address <i>John E. Sawbury, H.C., Foustville Md.</i>
Accident or Suicide?	



Name
in
Full

Charles Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Upper Marlboro</u> ^{Town}			<u>P. G.</u> ^{County}			MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1905	7	20		+	4		
Sex	<u>Male</u>		Color or Race	<u>Black</u>		Birth-place	<u>P. G. Co</u>
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<u>William Wilson</u>		Father's Birthplace		
					<u>Calvert Co</u>		
Mother's Maiden Name			<u>Elizabeth Hood</u>		Mother's Birthplace		
					<u>P. G. Co</u>		
Name of person giving information			<u>William Wilson</u>		How related to deceased		
					<u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Don't Know</u>	How long	<u>119</u>
Immediate	<u>" "</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>Willie A. Wilson</u>	
		Address	
		<u>Upper Marlboro Md</u>	
Accident or Suicide?			

